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"I call my spiritual path being on the beam".

(David, Research Participant)

University of Alberta

On the Beam:
Exploring Spirituality and its Relationships to Health

by

Carole Claire Loiseau ©

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in partial fulfillment of requirements for the degree of
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ABSTRACT

Qualitative interviews were used to explore the stories of eight healthy and spiritually maturing adults. Six categories, thirty subcategories and the Spirituality and Health Promotion Model emerged as a reflection of the experience of spirituality and its perceived relationship to health. Participants experienced spirituality as the *Core* of their being as demonstrated through relationships with self, a Higher Power and others including nature. Participants experienced spirituality as an *Evolving and Expanding Process* of gradual progression through cycles of growth, change and various life stages. Participants experienced spirituality through the influences of *Activation* and *Cultivation* such as Divine will, crisis, personal willingness and practices and rituals. Participants experienced the *Manifestation* of spirituality through a sense of belonging, beliefs and values, purpose and calling, and spiritual experiences. Finally, participants experienced spirituality as *Health Promoting* in nature in areas such as self-perception, inner peace, self-care and health practices, supportive connections and illness and healing.

PROLOGUE

"All has been given, as the mystics say. We have only to open our eyes and hearts to become one with that which is" (Miller, 1948).

In hindsight I can see clearly how I embarked on this research with nothing more than good intentions. I really wanted to understand peoples' perception of spirituality in their lives including its influence, if any, on health. I prepared for this task the best that I could by going through the stages of conducting a literature review and developing a research proposal which included designing questions to guide participant interviews.

It was not until the actual moment of sitting with the first research participant at the first interview that I began to understand the fullness of my task from a spiritual perspective. These participants had shown up amidst busy lives to share the most intimate details of their spiritual journeys. My task was to honor that gift while listening to the stories and while telling the stories in this thesis. I would ask that as you read this thesis that you also honor that gift.

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CHAPTER I

INTRODUCTION

"It is tempting to shy away from spirituality research because by its nature it often generates more questions than answers" (Hamilton & Jackson, 1998, p.262).

Exploring the relationship between spirituality and health involves two distinct inquiries: the individual and the systemic. The individual *story* and the systemic *context* are after all inseparably linked. While this study focuses primarily on the individual nature of spirituality and its relationship to health, it also looks broadly at the larger context of health care and health promotion. At the very least, in embarking on such a quest, I hope that I have honoured the complexity of the exploration and provided some insightful findings and discussion.

The *story* of spirituality and health is generated through individual inquiry. By listening to what individuals have to share we learn what is important and what has meaning. We learn about process, about growth and change and development over time. We learn about relationships and connections from the personal point of view. We learn the value of experience and experiencing. And we learn about ourselves.

There are numerous indications that the importance of spirituality and health is growing for individuals. In the 1995 Bibby Report, 52% of Canadians (N=6000) acknowledged that they had spiritual needs. Further, 65% of respondents stated that spirituality was either "very important", or "somewhat important to them" (Bibby, 1995, p. 134). In addition, upwards of 84.5% of the Canadian population reported a religious affiliation in the 2001 Canadian Census (Statistics Canada, 2002, p. 3).

There is an influx of related mass-market literature, the more popular of which reach the best-seller lists. Some selected popular titles include *Seat of the Soul*, *Anatomy of the Spirit*, *Creating Health*, *Love Medicine and Miracles*, *The Road Less Travelled*, and *The Healing Power of Faith*.

The individual exploration of spirituality and health is also present in changing health care practices. There is an ongoing surge in the holistic health movement and the availability and use of alternative therapies (Astin, 1998; Donley, 1998). Numerous studies have also reported that patients would prefer that their spiritual beliefs and practices were incorporated into their healthcare experience (Daalemen & Nease, 1994; Ehman, Ott, Short, Ciampa, & Hansen-Flaschen, 1999; Goldfarb, Galanter, McDowell, Lifshutz & Dermatis, 1996).

The *context* of spirituality and health, on the other hand, is comprised of many social, cultural, political and organizational factors. Such things as history, beliefs, values, policies, and practices effect systems in society. "Important changes have been taking place both within the church and within medicine. Issues related to health and well-being have questioned the fundamental practices of these two institutions. Principally, these issues are about the definition of health and who is believed to be involved in healing. Such issues are usually raised at times of transformation when the old order is being challenged" (Aldridge, 1993, p. 426).

As a beginning point, it is important to recognize that the current interest in spirituality and health is merely resurgence. In fact, the interrelated roles of spirituality and health have been accepted since the earliest of times as demonstrated by such things as the common presence of priests and shamans as healers, and by the establishment of hospitals and monastic communities by religious orders to care for the sick. Over time, the influence of Cartesian dualism resulted in a stark separation between body and spirit, medicine and church (Breakey, 2001; Brendtro & Leuning, 2000; Stuart, Deckro & Mandle, 1989).

Our understanding and definition of health has changed considerably over time. While historically health was viewed as the absence of physical disease, current definitions continue to broaden in scope. The most widely recognized definition as provided by the World Health Organization (WHO) views health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO, 1948). In addition, the importance and interrelationship of spirituality in health have been recognized by several major health institutions (Health Canada, 2003; WHO, 1998, p. 1).

As the concept of health evolves so does health care. When health is perceived as holistic and includes wellness, the scope of health care expands dramatically. When health includes the physical, emotional, mental and the spiritual, practitioners range from physicians and chiropractors, to psychologists and social workers, to addiction counselors and parish nurses. Health care also moves beyond illness intervention into disease prevention and health promotion which is "the process of enabling people to increase control over, and to improve their health" (WHO, 1998, p. 1).

Increasingly, such shifts in our understanding of health and spirituality are also slowly being reflected in practice. Pastoral education and counselling and parish nursing are evolving as practitioner areas of speciality (Brendtro & Leuning, 2000; Boland, 1998; Tuck, Wallace & Pullen, 2001). Various health professions such as nursing, occupational therapy, psychiatric, pediatric, and family medicine are exploring the realm of spirituality and health through research and, in some cases establishing guidelines for professionals (Barnes, Plotnikoff, Fox, & Pendleton, 2000, Boon, 1998; Engquist, Short-DeGraff, Gliner, & Oltjenbruns, 1997; Fallot, 1998; Pulchalski, Larson & Lu, 2001; Treloar, 2000). There is a bi-annual Canadian multi-disciplinary conference on Spirituality and Health (University of Calgary, 2004; University of Toronto, 2002). As of 2001, there is an International Centre for the Integration of Health and Spirituality (ICIHS) that provides direction and continuing leadership to the growing field of study through research, resources, publications and professional development (International Centre for the Integration of Health and Spirituality (ICIHS), 2004).

On a personal note, it is both my individual story and my professional context that have led me to this research. While many experiences have woven together to generate such an interest, a handful were pivotal. I struggled intellectually and emotionally through my early religious experiences, opting out by adolescence. After a decade of hiatus marked by painful personal growth and an unrelenting physical illness, I turned to less conventional methods for healing; psychotherapy, a shaman, journaling, bodywork, and prayer. Using such methods, at the age of 23, I successfully changed my body's course of illness and cancelled a scheduled hysterectomy. In the process, I was introduced for the first time in my life to a spirituality that was not seated in religion. In my personal life, I continued to blossom spiritually with the guidance of spiritual literature and books.

Until about five years ago my spiritual interests ran parallel to my professional life, typically not intersecting. Admittedly, I had limited exposure to spirituality through my undergraduate education in social work and my graduate education in health promotion. The same was true in practice. Spirituality was not part of my work whether in non-profit or government, rural or urban, clinical or program settings. Strangely, even when community programming involved partnership with a church, spirituality was not discussed.

In relative isolation my interest in health continued to grow, and my interest in spirituality continued to grow. A book entitled, *Why People Don't Heal and How They Can* provided my first opportunity to consider combining the areas of spirituality and health (Myss, 1997). In my excitement, I sought and read many additional books. My fascination and interest grew accordingly with each new find. In the midst of such discovery, thesis research seemed to be a fitting next step. For me, research in this realm is a journey toward understanding the interrelationship between the transcendent and the physical, mental, and emotional self.

This research was guided by multiple intentions. Initially the intent was to fulfill requirements of an academic program while expanding my own knowledge and understanding. The intent to contribute to a growing body of knowledge and offer meaningful insight to colleagues formed another intention. In the process of conducting the literature review and collecting data, the intention to honour the area of spirituality and the sacredness of participant stories grew increasingly in importance. I have been conscious of these intentions throughout all aspects of this research.

In the broadest sense, research in the area of spirituality and health is highly relevant for three reasons. First, as our perception of people and health shifts to one of wholeness, we must understand all aspects of the spiritual. We create such a base of knowledge through research. Second, in doing so we will also come to understand the interrelationship between the spiritual aspect and the physical, mental and emotional aspects of individuals. And finally, given such understanding, we will be more effective in supporting the health and well-being of individuals and populations. In short, spirituality will become part of our thinking and part of our practice.

This study focuses on the story of individuals and their spirituality and health. It uses qualitative research methods to understand the experience of spirituality and the experience of spirituality in relationship to health. It seeks this understanding from persons who are healthy and spiritually mature since they are likely to offer the most insight. Specifically, it asks, ***"How do healthy, spiritually maturing adults experience spirituality and its relationship to health?"***

This thesis offers knowledge of the spirituality and health literature, researcher thoughtfulness, clarity of purpose, methods and findings, and discussion based on rich participant data. First, an overview of the literature is presented including a critical analysis to support the proposed study. Second, all methods and procedures are described. Third, research findings consisting of six categories and thirty subcategories are presented. The findings reflect the dimensions of spirituality, the processes of spiritual development and the health promoting relationship of spirituality to health. Research findings are then discussed in relation to a two-part model and existing research to draw conclusions and make recommendations for health promotion practice and research. Finally, additional support for the study and its findings is provided through references and appendices.

CHAPTER II

REVIEW OF THE LITERATURE

> *"How can spirituality be conceived so that it can counter such ideas and more importantly, be included in professional practice?" (Bollentino, 2001, p.95).*

To my knowledge, reviewing the literature is intended to serve several very specific research needs. It is intended to immerse the researcher in a particular subject so that she might become knowledgeable. It is meant to provide the researcher with an understanding of the current knowledge base in a particular area of study. It also provides the researcher with a context with which to formulate a research question and beginning research design. In my case, the experience was also personal.

Given my growing personal and professional interest in the area of spirituality and health, I actively embarked on a review of the literature. I was pleasantly surprised by the amount of available research for such a budding area of study. I gladly spent long hours in the university libraries and at the photocopiers, and waited months for articles to arrive from distant universities through inter-library loans.

As I conducted database searches, waded through journals, and read numerous articles I was affected. Somewhere in the stacks, I recognized my passion for the area. I found myself reading anything about spirituality and health whether it related specifically or not. More importantly though, through all of the reading there was ensuing self-reflection. I have since been considering my own spirituality, my practices, my beliefs, and my development. I have also been contemplating my role as a practitioner given this new knowledge and understanding.

Several steps were used to conduct the literature review. First, searches were completed using the search words "spirit" and "spirituality" in the major health databases including MEDLINE, Health Star, ERIC, PsychInfo, CINAHL and Embase. While the initial search was specific to spirituality, many research findings also referenced material related to 'religion'. Literature related to religion/religiosity has been included where it lends substantial information to the discussion. Second, an abundance of articles were read. Third, varied subject matter was organized and reorganized into relevant categories. Finally, through a sort and select process the most applicable material was incorporated. Generally speaking, the material included in the literature review is of three types; the writings and models of theorists, primary research findings, and the insights and views of authors, researchers and experts in the area.

The literature related to spirituality and health is organized into three main areas. First, the concept of health is reviewed. Second, the concept of spirituality, including the definitions and dimensions, as well as the processes of spirituality and its development are examined. Third, the relationship of spirituality to overall health with regard to the effects and mechanisms of spirituality on health are considered. Afterward, the growing knowledge in the area of spirituality and health is discussed including areas of strength and areas requiring further exploration resulting in justification for the research and a statement of the study purpose.

Health

"In health the flesh is graced, the holy enter the world" (Berry, 1977).

Before we can begin to explore the relationship between spirituality and health, we first require a general understanding of health. The concept of health is complex and changing.

The most widely recognized definition as provided by the World Health Organization (WHO) views health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO, 1948). Typically, six components of health are referred to in the literature, namely physical health, emotional health, social health, mental health, spiritual health and occupational health (Adams, Bezner, Drabbs, Zambarano, & Steinhardt, 2000; Chandler, Miner-Holden & Kolander, 1992; Scandurra, 1999).

Pender (1990) views health as a primary life experience while illness is a secondary process, meaning that health can exist without illness, but illness cannot exist without health. Pender (1990) classifies health using five dimensions of human health expressions including; a) affect or subjectively experienced emotions and feelings such as vitality, sensitivity and serenity, b) attitudes which structure the way people perceive themselves and their world such as competence, relevance and optimism, c) activity or lifestyle patterns such as meaningful work or invigorating play, d) aspirations such as self-actualization and social contribution, and e) accomplishments such as enjoyment, creativity and transcendence.

"Wellness" is considered to be the optimum state of health. While there are degrees of wellness, it generally involves, " giving good care to your physical self, using your mind constructively, expressing your emotions effectively, being creatively involved with those around you, and being concerned about your physical, psychological, and spiritual environments" (Hales, 2001, p. 1).

From a health promotion perspective the concept of health is comprehensive and holistic. Health is considered a fundamental human right and a resource for everyday living. Certain prerequisites including peace, adequate economic resources, food and shelter, and a stable eco-system and sustainable resource use are considered necessary for health. There is recognition of "inextricable links between social and economic conditions, the physical environment, individual lifestyles and health" (WHO, 1998, p. 1).

Such a comprehensive understanding of health can also be translated into a listing of factors that create and/or influence it, more commonly known as the determinants as health. Presently there are twelve such determinants, although the list continues to expand based on new research findings. The determinants include; income and social status, social support networks, education and literacy, employment and working conditions, social environments, physical environments, biology and genetics, personal health practices and coping, healthy child development, health services, gender and culture (Advisory Committee on Population Health, ACPH), 1994; ACPH, 1999).

Spirituality

"At the very time it grows in popularity, spirituality has become more and more an elusive term" (Barnes, Plotnikoff, Fox & Pendleton, 2000, p. 900).

Spirituality is a broad and abstract concept. Despite this intellectual challenge, it is important that we fully understand the concept. In this regard, the literature can provide an important overview. As discussed below, previous research in this area has generated a beginning base of knowledge that outlines and defines the complex characteristics, dimensions and processes of spirituality.

Definitions of Religion and Spirituality

"If there is one thing contemporary writers agree upon it is
the difficulty of providing a definition that adequately expresses
the depth, richness and complexity of spiritual experience"
(Catholic Health Association of Canada,CHAC, 1996, p. 11).

There is a great deal of discrepancy in the literature regarding the definitions of religion and spirituality. Essentially, the debate concerns the similarities and differences. Exploration in this area revealed that both public opinion and the literature are inconsistent.

A 1997 study of 346 individuals from various backgrounds provides insight into individual perceptions of religion and spirituality. In this sample, 41.7% of the sample expressed that religiousness and spirituality overlapped but were not the same concept, 38.8% of the sample considered that spirituality was a broader concept than religiousness and included religiousness, while 10.2% stated that religiousness was the broader concept encompassing spirituality, and 2.2% believed that religiousness and spirituality were, in fact, the same concept (Zinnbauer, Pargament, Cole, Rye, Butter, Belavich, Hipp, Scott & Kadar, 1997). When the same sample was asked to self identify, 74% considered themselves both spiritual and religious, 19% spiritual but not religious, 4% religious but not spiritual, and 3% neither religious or spiritual. "Thus, 93% of participants identified themselves as spiritual. In contrast, 78% identified themselves as religious" (Zinnbauer, et al., 1997, pg. 555).

This same discrepancy is found in the literature. The concept of religion as discussed and defined by various authors tends to have similar characteristics. Religion is generally related to; a social institution with an organized system of beliefs, rituals and symbols designed for communal practice, the facilitation of a relationship to and understanding of diety, and the promotion of understanding and harmony in people's relationship to themselves and others (Barnes, Plotnikoff, Fox & Pendleton, 2000; Breakey, 2001; Emblen, 1992; Fry, 1998; King, Speck & Thomas, 1999; Thoreson, 1999).

While most of the literature suggests that religion is a sub-concept of spirituality and organizational in nature, discussion still lingers. For example, in a re-examination of William James classic *Varieties of Religion Today*, Taylor (2002) argues that religion is individual first and organizational second, stating that "the real locus of religion is in the individual experience and not in corporate life" (p. 7). From this perspective, "the theological, philosophical and ecclesiastical organization of religion is founded on the experience and feeling of the individual as they stand in relation to whatever they consider the Divine" (Taylor, 2002, p 5).

Definitions of spirituality, on the other hand, are individual in nature. Typically they contain several aspects. Some definitions describe spirituality as an innate characteristic in human beings representing a subjective experience and desire for the sacred (Chandler et al., 1992; Elkins, Hedstrom, Hughes, Leaf & Saunders, 1988; Goddard, 1995). Other definitions include spirituality as a capacity for inner knowing, source of strength (Burkhardt, 1994; Reed, 1992), or a continuous dynamic force that keeps a person changing, emerging and transcending (Burkhardt, 1989; Meraviglia, 1999; Scandurra, 1999).

Spirituality is also described as the core of the person that is thought to integrate all human dimensions: mind, body and spirit for a sense of wholeness and well-being (Burkhardt, 1993; Meraviglia, 1999; Reed, 1992; Unruh, Versnel & Kerr, 2002). In this sense it is believed to relate the person to the world and instill life with meaning and purpose (Burkhardt, 1994; Lauver, 2000; Scandurra, 1999; Thoreson, 1999; Unruh et al., 2002).

Other definitions focus on the relational aspect of spirituality and define spirituality as a connectedness/ relationship with God or a Supreme Being that transcends the present context of reality (Carson, 1989; Elkins et al., 1998; King et al., 1992; Lauver, 2000; Meraviglia, 1999; Oldnall, 1996; Scandurra, 1999; Stoll, 1989; Thoreson, 1999; Unruh et al., 2002), or a connectedness/ relationship to self, others, and nature (Burkhardt, 1994; Carson, 1989; Elkins et al., 1998; Meriviglia, 1999; Oldnall, 1996; Stoll, 1989; Scandurra, 1999).

Some authors also describe spirituality as an existential belief in a higher power apart from one's own existence that provides a basis of positive meaning and hope in life (faith) (Emblen, 1992; King et al., 1992; Meraviglia, 1999; Unruh et al., 2002). Finally, spirituality is defined as the transcendence of everyday experience (to stand apart from day to day material existence) and move toward a capacity for greater love and knowledge (Chandler et al., 1992; Elkins et al., 1998; Thoreson, 1999; Unruh et al., 2002).

Like most researchers, I also find myself caught in the midst of this definition debate. In addition to the reading I have done, I am biased by my personal experiences of both organized religion and a more individual spiritual search. While I believe that religion is significant and that it supports individual spiritual development, I recognize that for billions of people throughout the world, "religion provides the setting in which personal spirituality is expressed and developed. Religion acknowledges both the communal dimension of spirituality and the place of tradition in the spiritual journey" (Catholic Health Association of Canada, CHAC, 1996, p.13). However for me, there is a difference between religion and spirituality. "Spirituality is seen as the whole life of a person in relationship with the Transcendent. A person's individual spirituality may or may not incorporate the rituals, practices, and beliefs of a particular religious group" (Catholic Health Association of Canada, CHAC, 1996, p. 13). As such, for the purposes of this research, spirituality is seen to be the larger concept and is defined as "experiences and expressions of one's spirit in a unique and dynamic process reflecting faith in God or a supreme being; it is connectedness with oneself, other, nature, or God; and an integration of the dimensions of mind, body and spirit" (Meraviglia, 1999 p. 24).

Dimensions of Spirituality

In all, the literature revealed ten known dimensions of spirituality. While it is recognized that not all dimensions are necessarily present in the spiritual life of each person, they are regarded as distinct areas of potential spirituality for the individual. The dimensions as presented here are based on a compilation of numerous sources and various authors.

The ideological dimension encompasses belief in the spiritual realities, personal faith and identity as a believer that manifests as a sense that there is ultimate reality, as a search for that reality, and in an adherence to certain values. Belief is rooted in a nontangible domain, as such the physical world is implicitly or explicitly regarded as mere perception (Anandarajah & Hight, 2001; Burkhardt, 1993; Elkins et al., 1988; Hiatt, 1986; Oldnall, 1996; Meravilgia, 1999; Waldfogel & Wolpe 1993). The intellectual dimension includes knowledge, doctrines and theology (Waldfogel & Wolpe, 1993), while the philosophic dimension is representative of the search for meaning, purpose and truth (Anandarajah & Hight, 2001; Elkins et al., 1988; Reed, 1992).

The ritualistic/ behavioral dimension involves the way a person externally manifests individual spiritual beliefs and inner spiritual state. For example it may include such things as participation in private or public worship, prayer and meditation, observances of holidays, special dietary considerations or other customs (Anandarajah & Hight, 2001; Burkhardt, 1993; Hiatt, 1986; Labun, 1988; Waldfogel & Wolpe 1993;). The experiential/ emotional dimension, on the other hand extends beyond knowledge and ritual to a personal dimension of transcendent reality that is fundamentally experiential and intuitive rather than conceptual. It involves feelings such as hope, love, connection, inner peace, comfort, and support (Anandarajah & Hight, 2001; Hiatt, 1986; Labun, 1988; Oldnall, 1996; Reed, 1992; Waldfogel & Wolpe 1993).

The relational/ connectedness dimension involves relationships with others, nature and a higher power (Burkhardt, 1993; Labun, 1988; Meraviglia, 1999; Oldnall, 1986; Reed, 1992). The intrapersonal/ self-transcendent dimension occurs when "interactions with the person and the environment generate conflicts that can provide the impetus for development of self-transcendence" (Reed, 1992, p. 350) resulting in a profound awareness of self as connected to contexts that expand the self. (Burkhardt, 1993; Hiatt, 1986; Reed, 1992). Through the integrative dimension, spirituality is seen as an aspect of the total person which is related to and integrated with the functioning and expression of all other aspects of the person (Hiatt, 1986; Labun, 1988; Meraviglia, 1999).

The final two dimensions consider the influence of spirituality on other aspects of life. The social dimension is regarded as the influence of the religious/ spiritual community, either positive or negative on an individual's well-being and social adjustment (Waldfogel & Wolpe, 1993). And the consequential dimension includes the influence of religion/ spirituality on all other aspects of a person's life, such as the stability of a marriage, or the frequency of substance abuse (Waldfogel & Wolpe, 1993).

Definitions of Spiritual Growth and Development

> *"The entire cosmos, whatever is still or moving, is pervaded by the divine. Therefore, we cannot but be spiritual: the only question is whether or not we are aware of it" (Wright, 1997, p.34).*

Central to the area of spiritual development is a common understanding of various definitions that describe the growth process. While many definitions are common in the literature, for the purposes of this research, only several introductory definitions are included.

Spiritual growth is a dynamic process in which an individual becomes increasingly aware of the meaning, purpose and values in life (Carson, 1989, p. 26). It is generally achieved when spiritual needs are met, including: "the development of a sense of meaning and purpose; finding meaning in suffering; a means of forgiveness; a source of love and relatedness; including the ability to both give and receive love; a sense of transcendence; a sense of awe and wonder about life; and a deep experience of trustful relatedness to a Supreme Being, or a universal power or force expressed through faith" (Cavendish, Luise, Horne, Bauer, Medefindt, Gallo, Calvino & Kutza, 2000, p. 154).

Spiritual development is the process of incorporating one spiritual experience after another, which results ultimately in spiritual transformation. (Benjamin & Looby, 1998; Chandler et al., 1992). However, "the occurrence of spiritual experiences does not guarantee spiritual development. Although more intense experiences may press more relentlessly for resolution and integration, they may nevertheless go unresolved for years" (Chandler et al., 1992).

Spiritual transformation is marked by the adoption of not only a new frame of reference but also a new way of life in thought and spirit. It is characterized by the achievement of a new level or stage of development (Benjamin & Looby, 1998; Chandler et al., 1992).

Spiritual integrity "is present when the person experiences wholeness within the self, with other human beings, and in transcendence with another realm. It is demonstrated through acts that show qualities such as love, hope, trust, and forgiveness" (Labun, 1988, p. 315).

When the process of spiritual growth and development becomes thwarted and painful it is referred to as spiritual distress or crisis. It "occurs when individuals are unable to find sources of meaning, hope, love, peace, comfort, strength, and connection to life or when a conflict occurs between their beliefs and what is happening in their lives" (Anandarajah & Hight, 2001, p. 83-84). Other authors including Burkhardt, and Stuart, Deckro and Mandle, perceive spiritual distress as "a disruption in the life principle that pervades a person's entire being and that integrates and transcends one's biologic and social nature" (Burkhardt, 1989, p. 70; Stuart, Deckro & Mandle, 1989, p. 38). It is commonly acknowledged that spiritual distress or crisis can have a detrimental effect on physical and mental health, and that medical illness or death can trigger spiritual distress in individuals or family members (Anandarajah & Hight, 2001).

Spiritual Needs

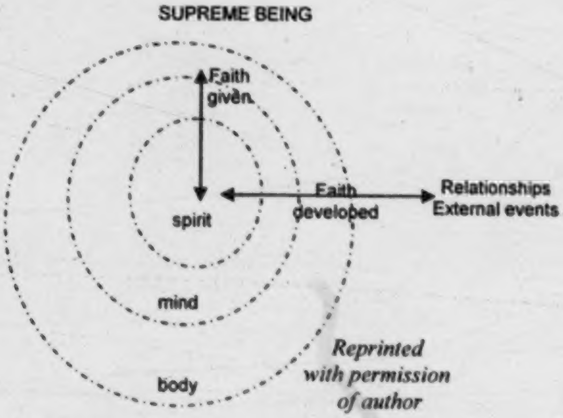
Another approach to understanding spirituality is to examine spiritual needs. "Stallwood and Stoll (1975) defined spiritual needs as 'any factors necessary to establish and/or maintain a person's dynamic personal relationship with God (as defined by that individual) and out of that relationship to experience forgiveness, love, hope, trust and meaning and purpose in life" (cited in Stoll, 1989, p. 14-15). Numerous spiritual needs are identified in the literature including; the needs for meaning and purpose in life (Highfiled & Cason, 1983; Stoll, 1989), the need to give love (Highfield & Cason, 1983; Stoll, 1989), the need to receive love (Highfield & Cason, 1983; Stoll, 1989), the need for hope and creativity (Highfield & Cason, 1983; Stoll, 1989), the need for trust and faith in someone/ something outside of the self (Stoll, 1989), the need for forgiveness (Fish & Shelley, 1978 as cited in Stoll 1989).

Models and Studies on the Facilitation of Spiritual Growth

As previously discussed, spirituality is marked through growth and development. As noted by Carson (1989), "people are created with a spiritual as well as a physical and emotional nature. This does not guarantee that this spiritual nature will develop and flourish. Just as physical and emotional growth requires food for the body and the mind, a nurturant environment, and time, there are similar influences that contribute to spiritual and religious development" (p. 25). An important goal is to understand how spiritual development is facilitated and how individuals facilitate this within themselves. To this end, two models and findings from three research studies are reviewed.

Building on the work of Allport (1950), Carson (1989) offers a model demonstrating the dynamic, two-directional process that occurs in spiritual growth. Growth along the horizontal process increases the individual's awareness of the transcendent values inherent in all relationships and activities in life. Growth along the vertical process represents an individual's movement toward a closer relationship with a higher being, however conceived by the individual, which is transcendent of earthly experiences. It is important to note that spiritual growth along each axis is not necessarily balanced.

Figure 1
Two-Directional Growth Process
Carson, 1989, p. 28



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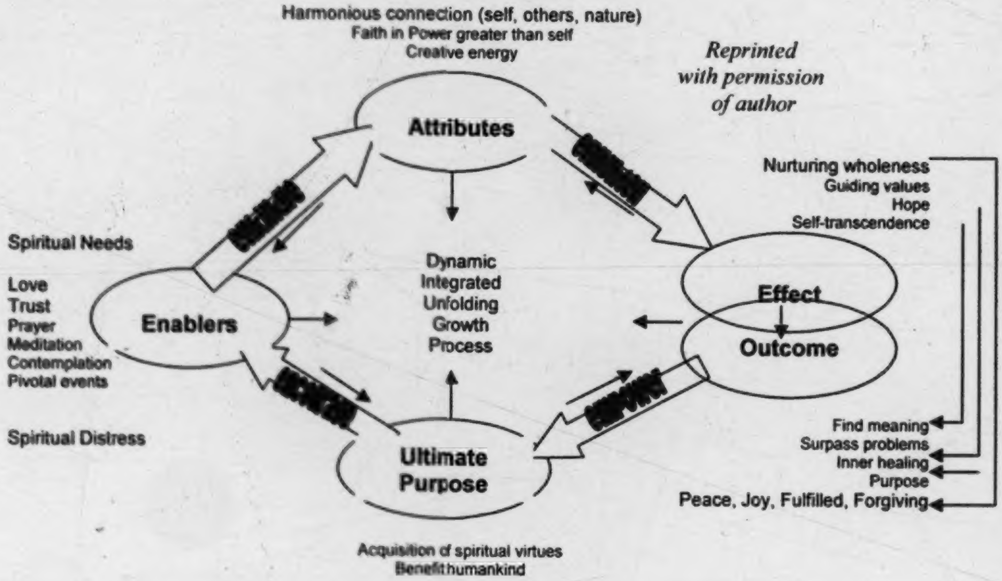
Another insightful model by Hood-Morris (1996) presents a comprehensive and holistic portrait of the process of spiritual growth and development. As shown, the model demonstrates the various aspects that interconnect to facilitate the internal, dynamic, integrated, unfolding growth process that is spiritual development and that results in the acquisition of spiritual virtues and the desire to benefit humankind (ultimate purpose) (Hood-Morris, 1996).

Figure 2
Spiritual Well-Being Model
Hood-Morris, 1995


Harmonious connection (self, others, nature)
Faith in Power greater than self
Creative energy
Attributes
Spiritual Needs
Love
Trust
Prayer
Meditation
Contemplation
Pivotal events
Spiritual Distress
Enablers
Dynamic
Integrated
Unfolding
Growth
Process
Effect
Outcome
Nurturing wholeness
Guiding values
Hope
Self-transcendence
Find meaning
Surpass problems
Inner healing
Purpose
Peace, Joy, Fulfilled, Forgiving
Ultimate
Purpose
Acquisition of spiritual virtues
Benefit humankind

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Three studies, through their in-depth qualitative participant interviews, also offer revealing insights into the processes with which spirituality develops. These studies revealed an extensive listing of spiritually enhancing experiences including; adversity, introspection, generativity (the spirit of bringing new life to existence and the impact of passing on spiritual values), connectedness (relationships with self, others, nature and a higher power), beliefs (particularly regarding a higher power), divine providence (ever present and benevolent guidance of a higher power, understanding the mystery (an attempt to understand the meaning and purpose of life), and walking through (the process of using one's inner resources to accept, reorder, and transcend life events) (Cavendish et al., 2000; Hamilton & Jackson, 1998; Noble, 2000).

Spiritual Development

"It is a spiral path within the pilgrim's soul" (Thoreau, 1957).

Our understanding of spirituality and spiritual development has expanded considerably since Allport (1950) first distinguished two aspects of religious life- the intrinsic or experiential aspect and the extrinsic, or institutional aspect. Many other multidimensional models and corresponding scales have followed his pioneering work. "These theorists conceptualize faith as a developmental phenomenon which, under favourable psychosocial conditions, follows a normative progression from a highly egocentric religiosity in childhood to a self-transcending faith in middle adulthood. [They] illuminate the changes in spiritual thinking, feeling and experiencing that unfold as the individual grows and matures" (Genia, 1995, p. 338).

Presently, there are several recognized models of spiritual development. While they vary slightly in the number of stages and the critical milestones of each stage they all demonstrate the developmental nature of spirituality, define critical stages and provide insight into the milestones of spiritual development.

According to these models, the spiritual development of an individual typically begins with a very ego-centered, primal faith where psychologically faith and courage are being developed. Next, spiritually is manifested as a literal and dogmatic type of faith that is demonstrated through obedience and affiliation with parental/ community faith. Growing independence and cognitive abilities marks the stages of searching and transitional faith where beliefs and values are examined and spiritual practice are challenged. This is followed by the stage of reconstruction where the individual following struggles related to ambiguity and morality recommits to a more personalized faith. The final stage of spiritual development is typically portrayed as transcendent and universal, and is demonstrated by unconditional love and acceptance, social interest and humanitarian concern, deep meaning and purpose in life, strong self-love and acceptance and understanding of the paradoxes of life.

Several authors including Aden (1976), Fowler (1981), Genia (1990), and Westerhoff (1976) have written extensively on this matter. These developmental models are outlined in Appendix One.

Relationship between Spirituality and Health

"It may be that the intangible of our lives,
which we as scientists find so hard to define and measure,
do have a central role in our well-being.
They may well be an important determining factor
in why we get ill, how well we recover and how well we cope with
illness" (Hassed, 1999, p. 388).

In and effort to understand the relationship between spirituality and health three areas will be examined. As an introduction, a brief overview of some of the models that illustrate the relationship of spirituality to overall health will be provided. Second, a summary of the research findings that demonstrate the existence of a relationship between spirituality and overall health will be presented. And finally there will be a beginning discussion concerning the various mechanisms or pathways that are believed to explain the relationship between spirituality and overall health.

Models

Various models in the literature offer perspectives on the relationship of the spiritual dimensions to others dimensions of the individual as well as the relationships of spirituality to overall health. Upon examination they fall into one of three categories as discussed below. Model illustrations can be found in Appendix Two.

First, there are models formed from the perspective that spirituality is reached or developed only following the attainment of other critical necessities of life. One such example would be the well-known "Hierarchy of Needs" model developed by Abraham Maslow (1971). While Maslow contended that "the spirit life (the contemplative, religious, philosophical, or value-life) is part of the human essence", the hierarchical form of his model suggests that this aspect of life is only reached once the individual's physiological, safety, love and belonging and self-esteem needs are satisfied (Maslow, 1971, p. 325).

A second perspective often taken by theorists is that spirituality is but one component along with numerous other components. For example, in the Wellness Model, spirituality is depicted as one piece in a six-part pie (physical, social, psychological, emotional, and intellectual). The circular illustration implies that spirituality has an equally influential role as all other components in the attainment of overall health and well-being (Adams, Bezner & Steinhardt, 1997). Another example is the Wheel of Wellness and Prevention which depicts spirituality as one of five life tasks (self-regulation, work, friendship and love), and as the center of wholeness (Myers, Witmer, & Sweeney, 2000).

Third, several models depict spirituality as being the core component in relationship to the other components. As such, it is seen as not only influencing health, but also as a strong influence on all other components. In both the Holistic Wellness Model (Chandler, Miner-Holden & Kolander, 1992) and the Integrated Wellness Model (Scandurra, 1999) spirituality is portrayed as the core component that encompasses and/or integrates the other components: emotional, physical, social, intellectual and occupational.

Research Findings

It will come as no surprise that the complexity of spirituality does not lend itself well to scientific study. In fact, it is important that one remembers, "proof is not possible, if we understand proof as justifying a belief by the scientific process of concrete, deductive examination accessible to the senses. Rather, there are things in life that are best recognized through their effect or outcomes, which can be examined and analyzed" (Cairns, 1999, p. 451). So it is that the research findings in the area of spirituality and health provide us with a sense of such an influential relationship.

Perceived Influence. There are several studies that support the perceived influence of spirituality on health. In four separate qualitative studies, participants emphasized spirituality and the integration of the spiritual dimension as important to healthy living. Spirituality and religious practices were seen as important resources for health and a relationship with God was seen as the foundation of psychological well-being. Participant groups ranged from seven to forty-two and included Hispanic women, immigrant, rural Alberta women, employed mothers of preschool children and continuing care retirement community residents (Higgins & Learn, 1999; MacKenzie, Rajagopal, Meiboh, & Lavizzo-Mourey, 2000; Meadows, Thurston & Melton, 2001; Weber, 1999).

Perceived Health. There are several studies that explored the relationship between participant spirituality and perceived wellness. Quantitative studies by Adams et al. (1999), Glik (1986), Michello (1988) and Potter & Zauszniewski (2000) found that aspects of spirituality were positively correlated to perceived wellness/ health satisfaction in a variety of participant groups including spiritual healing participants, general public, college students and elderly arthritis sufferers. The results of one of the studies also suggested that the association was even more significant for participants with physical limitations. "For respondents not health limited, the amount of variance for 'health satisfaction' is 10 percent, explained by 'existential well-being', 'depressed mood' and 'relationship with God'. For respondents who are 'health limited', the predictor variables are the same, however, the amount of variance explaining 'health satisfaction' is 43 percent" (Michello, 1988, p. 68).

In contrast, a cross sectional quantitative study concluded that only physical health status significantly contributed to an individual's self-rated health status, as opposed to emotional, social, and spiritual health which were found to not have an effect (Ratner, Johnson & Jeffery, 1998). While the findings were significant (55.1% of the variance explained), it is important to note that they were based on secondary analysis.

Health Status. Adding to the research related to perceived influence and perceived health, several studies have also explored the relationship between spirituality and health status using more objective measures. Fry (2000) and Schmidt (1993) found that spirituality was one of several major determinants of health among participants. Fry (2000) determined that, "personal meaning, involvement in formal religion, participation in spiritual practices, importance of religion, degree of comfort derived from religion, sense of inner peace with self, and accessibility to religious resources were significant predictors of well-being" (Fry, 2000, p.375). The findings also confirmed that "existential measures of personal meaning, religiosity, and spirituality contributed more significantly to the variance in well-being among participants than did demographic variables and other traditional measures such as social resources, physical health or negative life events" (Fry, 2000, p. 375).

Findings from four other studies that measured spirituality and/ or religiosity in older adults specifically reveal associations with various health status outcomes. In a longitudinal study elderly church attenders were found to have healthier immune systems. "… [study participants] who attended church at least one per week were only half as likely as non-attenders to have elevated levels of interleukin-6 (IL-6), an immune system protein involved in a wide-variety of age-related diseases" (Koenig, Cohen & George, 1997). The study did not examine the alternative relationship that people went to church because they were healthier.

Findings from another longitudinal study using secondary analysis found that women who viewed themselves as more religious in adulthood had a lower risk for premature mortality. They also had "healthier behaviors, more positive feelings about their futures, and reported being somewhat happier than their less religiously inclined peers" (Clark, Friedman & Martin, 1999, p. 381). A third study found a relationship between religious involvement and lower levels of functional disability and depressive symptomalogy (Idler, 1987). Finally, religiousness and spirituality were found to positively influence psychosocial functioning in areas of well-being in relation to others, personal growth, involvement in social, creative, knowledge building and community life tasks, and generativity and wisdom (Wink & Dillon, 2003).

In addition to finding that spirituality influenced health status, two other studies determined that its influence was related to the participant level of spirituality (Foley, 2000; McBride, Arthur, Brooks & Pilkington, 1998). The latter study found that overall health was significantly related to spirituality (r=.18, p<.001) and that participants with higher levels of spirituality experienced higher levels of health (McBride, Arthur, Brooks & Pilkington, 1998, p. 124). While these studies revealed interesting findings, the designs were cross-sectional with smaller samples.

Mental Health. A number of studies have explored the connection between spirituality and mental health. Meisenhelder (2003) and Young, Cashwell & Scherbakova (2000) both found that spirituality and religious coping moderated the effect of stress and negative life experiences. Specifically, Young, Cashwell & Scherbakova (2000) found that the moderating relationship was (p< -.01) for negative life experiences and (p <-.14) for levels of depressions.

This moderating relationship was also confirmed through three other studies that explored the relationship of spirituality to depression, spousal loss, and suicide. A significant positive relationship was found between meaning in life and self-transcendence and lower levels of depression (Klaas, 1998, p.452). The former found that "existential factors are major contributors to psychological well-being of older adults following spousal loss" (Fry, 2001, p. 69), while the latter determined that "participation in religious activities does appear to reduce the odds of the occurrence of suicide .... even after controlling for the frequency of social contact" (Nisbet, Duberstein, Conwell & Seidlitz, 2000, p. 543).

Three other studies identified positive relationships between spirituality and coping or recovery from mental illness. In two separate studies, 43% and 48% of mental health patients indicated that spiritual beliefs and practices were essential to their recovery (Sullivan, 1993; Sullivan, 1998). In a third study it was found that hospitalized depressed patients with higher instrinsic religiosity scores had more rapid remissions than patients with lower scores (Koenig, George, & Peterson, 1998).

Substance Abuse. An association between the importance of spirituality and recovery from substance abuse in various population groups including men and women, treatment and support group participants, homeless persons, and African American populations has been suggested. Brome, Owens, Allen & Vevaina (2000), Brush & McGee (2000), Pardini, Plante, Sherman & Stump (2000), Richard, Bell & Carlson (2000), Shuler, Gelberg & Brown (1994) and White, Wampler & Fischer (2001) found that spirituality, including religious practice, was significantly related to less use of drugs and alcohol in populations recovering from substance abuse. For example, in one study, "48% of the women reported the use of prayer as significantly related to less use of alcohol and street drugs …" (Shuler, Gelberg & Brown, 1994, p. 106). In addition several of the studies also found that spirituality, including religious practice, resulted in positive mental health outcomes such as increased coping, greater resilience to stress, lower levels of anxiety, greater perceived social support, and fewer depressive symptoms (Brome et al., 2000; Pardini et al., 2000; Shuler et al., 1994).

Prevention of Behaviors. There has also been some research interest in the relationship between spirituality and the presence of certain health promoting behaviors. Three quantitative studies, that explored the variables effecting the occurrence of high-risk behaviors such as drinking and smoking, found that higher levels of spirituality contributed to lower levels of risk-taking behavior (Hestick, Perino, Rhodes & Sydnor, 2001; Redeker, Smeltzer, Kirkpatrick & Parchment, 1995; Resnick, Harris & Blum, 1993). While all three studies were based on large samples, they examined multiple variables. Spirituality was only one of several factors found to influence the incidence of risk-taking behavior and was not specifically isolated.

Illness and Recovery. By far the most widely studied area regarding the relationship between spirituality and health is that of illness and recovery. Studies in this area cover a wide range of illnesses from cancer to cardiac disease, to chronic illness, HIV/AIDS and physical disabilities. In nine qualitative and two quantitative studies with physically disabled, chronic and/or terminally ill populations, patients reported a strong positive influence from their spirituality. Named influences included such things as; helping to stabilize life, finding meaning and purpose, developing inner strength, sense of coherence, reducing fear and anxiety, psychological and psychosocial adjustment, insights into healing, a sense of wellness and wholeness, and a general increase quality of life (Albrecht & Devlieger, 2000; Catterall, Cox, Greet, Snakey & Griffiths, 1998; Fryback & Reinhart, 1999; Kendall, 1994; Landis, 1996; Post-White, Ceronsky, Kreitzer, Nickelson, Drew, Watrud-Mackey, Koopmeiners & Gutnecht, 1996; Schnoll, Harlow & Brower, 2000; Somlai, Kelly, Kalichman, Mulry, Sikkema, McAuliffe, Multhauf & Davantes, 1996; Thibodeau & McRae, 1997; Treloar, 2002; Walton, 1999; Woods & Ironson, 1999).

Several other studies have focused specifically on the area of spiritual coping (Fredette, 1995; Koenig, Pargament & Nielson, 1998; Narayanasamy, 2003; Siegel & Schrimshaw, 2002). The perceived benefits of spiritual coping include; evocation of comforting emotions and feelings, strength, empowerment and control, easing of the emotional burden of illness, offering of social support and a sense of belonging, offering spiritual support through personal relationship with God, facilitation of meaning and acceptance of illness, preservation of health, relief of fear and uncertainty of death, and facilitation and acceptance and reduction of self-blame (Siegel & Schrimshaw, 2002, p. 94-99).

A number of the findings are based on health outcomes. Three quantitative studies with cancer patients identified a positive relationship between spiritual variables and health outcomes. More specifically, aspects of spirituality, namely meaning in life and private prayer, were found to mediate functional physical status, symptom distress and psychological well-being (Meraviglia, 2004), self-transcendence decreased illness distress by directly affecting emotional well-being (beta = 0.69) (Coward, 1991), "a consistent inverse relationship ($p < .001$) was found between spiritual well-being and state-trait anxiety, regardless of gender, age, marital status, diagnosis, group participation, and length of time since diagnosis" (Kaczorowski, 1989, p. 105).

Similar findings were also found with other population groups. Aspects of spirituality including private prayer, were found to; have a mediating effect on psychosocial adjustment to multiple sclerosis (McNulty, Livneh & Wilson, 2004), significantly decrease depression and general distress in cardiac patients (Ai, Dunkle, Peterson & Bolling, 1998), and to influence quality of life, social support and effective coping in person living with HIV (Tuck, McCain & Elswick, 2001).

Several other studies suggest that quality of life and health outcomes are positively related to the level of patient spirituality. Three quantitative studies with heart surgery and heart transplant patients found that religious factors reduced complications and hospital stays, health worries, and increased physical and emotional well-being and survival (Contrada, Goyal, Cather, Rafalson & Idler, 2004; Harris, Dew, Lee, Amaya, Buches, Reetz & Coleman, 1995; Oxman, Freeman, Manheimer, 1995). In fact, "those without any strength or comfort from religion had almost three times the risk of death as those with at least some strength and comfort.... Furthermore, the more religious, the greater the protective effect" (Oxman et al., 1995, p. 12). Another study with chronically ill and disabled patients found significant cluster differences ranging from ($p < 0.03$ to $p < 0.001$) among the three types of spiritual groups namely, existential, religious and non-spiritual. Non-spiritual participants had significantly less social, functional, physical and emotional well-being and their general health and sense of vitality was also significantly poorer (Riley, Perna, Tate, Forchheimer, Anderson & Luerna, 1998).

Three other studies offer contradictory findings. First, "religious behavior and objective levels of spirituality and religiosity were not significantly related to psychological adjustment or quality of life among people with multiple sclerosis" (Makros & McCabe, 2003, p. 143). In a second study of spinal surgery patients correlation between spiritual measures and recovery outcomes were not found (Hodges, Do, Humpheys & Eck, 2002). Finally, a quantitative study of 250 cardiology and gynecological patients found that strength of spiritual belief had declined by follow-up and that the decline was greatest in patients with poorer clinical outcomes. The researchers concluded that, "stronger spiritual belief seemed to be an independent predictor of poorer clinical outcomes at nine months" (King et al., 1999, p. 1297).

Mechanisms

The growing body of research not only supports the existence of a relationship between spirituality and overall health it also offers some insight into the nature of the relationship. There is a limited amount of published literature regarding the pathways or mechanisms by which spirituality/religiosity are thought to influence health.

A beginning search of the literature revealed discussion regarding five such mechanisms. Commitment to spiritual/religious teachings is believed to effect health behaviors ie. avoidance of such negative behaviors as smoking, drinking, and drugs thus lowering the risk of disease and promoting health (George, Larson, Koenig & McCullough, 2000; MacKenzie et al., 2000; Musich, Traphagen, Koenig & Larson, 2000; & Mytko & Knight, 1999; Seybold & Hill, 2001). It is believed that spiritual and/or religious fellowship provides a source of social support and social integration which results in a stress-buffering effect (MacKenzie et al., 2000; George et al., 2000; Musich et al., 2000; Mytko & Knight, 1999; Sullivan, 1998; Seybold & Hill, 2001). Theodicy, or one's spiritual/ religious beliefs are believed to create a sense of coherence which provides meaning and purpose in life and a general understanding of one's place in the universe resulting in reduced stress and peacefulness (George et al., 2000; Musich et al., 2000; Sullivan, 1998). Spiritual/ religious prayer and worship practices promote positive emotions and thoughts such as comfort, faith, hope, love etc. which impact the immune system (psycho-neuroimmunology) (MacKenzie et al., 2000; Musich et al., 2000; Mytko & Knight, 1999; Seybold & Hill, 2001). And finally, it is believed that spiritual, mystical, and numinous experiences stimulate the life force and provide divine blessing which enhances bioenergy (MacKenzie et al., 2000).

Summary and Statement of the Purpose of the Study

The literature offers a solid understanding of spirituality and of health, and a beginning foundation for understanding the interrelationship of spirituality and health. The characteristics of spirituality are demonstrated by extensive definitions of the concept and in an outline of the various dimensions. While the literature offers descriptions of the various dimensions it is important to recognize that no primary piece of research was found which explored these dimensions extensively. The literature establishes the developmental nature of spirituality through definitions, process theories and stages models such as those of Fowler (1981) and Genia (1990). The literature also supports the relationship of spirituality to overall health through various theories, as well as through qualitative and quantitative research in seven general areas. In the large majority of circumstances (60 of 64 studies explored), the research results suggested the existence of spirituality's positive effect on overall health. In addition, research in this area has led to the identification of mechanisms or pathways that are believed to explain the influence of spirituality on health.

As previously noted, this is a relatively new area of study. In this light, a more careful examination of the literature related to the effect of spirituality on health reveals some interesting themes and shortcomings. First, the majority of research studies exploring the effect of spirituality on health focus on unwell populations ie. cardiac patients, HIV/AIDS patients, mental health patients etc. While research with unwell populations provides insight into the role of spirituality and illness, it does far less to contribute to our understanding of spirituality in relation to overall health and well-being, and in particular the role of spirituality in maintaining health and preventing illness. Second, primary research in this area tends to explore the influence of spirituality either in very general terms (spirituality) or in very small components (prayer). In fact, in any given study, the measurement of spirituality seemed to be limited to one or two characteristics or measures. There were no studies, for example, which sought to examine the extensiveness of spirituality's effect on health by exploring the various characteristics or dimensions of spirituality. Third, none of the research found in this area has explored the effect of spirituality on health from a developmental perspective. While some of the studies were conducted with adolescents, some with older adults, and some with a cross section of ages, none of the studies examined the hypothesis that the influence of spirituality on health may change and, or increase as a person's beliefs and practices spiritually mature. This seems particularly unusual given that spirituality has long been established as developmental in nature. Finally, and of particular importance to health promotion, research is lacking related to spirituality and health in relation to the determinants of health.

As indicated, there is considerable room for additional study within the growing body of research on spirituality and health. Broadly described, this research used a qualitative design to further explore spirituality and the role of spirituality in overall health. More specifically, this inquiry into the relationship between spiritually and overall health was explored through the spiritual dimensions (ideologic, philosophic, etc.) and with regard to the other components of life (social, emotional, etc.). In addition, in order to maximize the generation of knowledge, the research was conducted with adult participants who were both healthy and spiritually maturing. Specifically, the proposed research sought to answer the question, "How do healthy, spiritually maturing adults experience spirituality and its relationship to health?" by responding to two subquestions: "*How do healthy, spiritually maturing adults experience spirituality?*"; and "*How do healthy, spiritually maturing adults experience the relationship of spirituality to health?*"

This research contributes to the growing body of knowledge in this area in several ways. First, it builds on the knowledge related to the various dimensions of spirituality and their development. Second, it expands the existing qualitative research regarding the influence of spirituality on overall health, which has largely been conducted through quantitative study. Third, it provides insight into these concepts from the perspective of well and spiritually maturing participants, two groups that are largely underrepresented in the existing literature. And finally, the research supports our growing professional knowledge and practice.

CHAPTER III

METHODS AND PROCEDURES

> *"... it is not possible to develop a rigid protocol for the qualitative research proposal and still remain true to the principles of qualitative inquiry" (Morse & Field, 1995, pg. 43).*

Methods and procedures provide a critical container that ensures valid and valuable research. In this section, all aspects of the research are described including the research design, the sampling plan, data collection and analysis. Reliability and validity are also discussed. Finally, ethical considerations concerning the overall research and research participants are outlined. A number of tools used in the research such as the consent form and interview guide can also be found in the appendices where indicated.

Research Design

The purpose of the study was to examine how spiritually maturing adults experience spirituality and its relationship to overall health. As was evident from the review of the literature, the experience of spirituality and its relationship to overall health among spiritually maturing adults, had not, to date, been comprehensively and systematically investigated. A qualitative, exploratory-descriptive research design was utilized. This design assumes that, "(a) the topic has not been studied or explored or has not been studied from the point of view of the participant or informant, and (b) the sample has personal experience in, or knowledge about the topic" (Brink & Wood, 1989, p. 145). The objective of this design is to explore something that has never been examined from the *emic* perspective, that is, the real experience from the participant's point of view (Morse & Field, 1995, p. 21). The utilization of an inductive approach allowed for participant–driven knowledge generation, particularly regarding the relationship between spirituality and overall health, as compared to current findings in the literature which were largely generated using a deductive approach.

The pursuit of an area of inquiry related to spirituality necessitated the existence of several underlying assumptions. First, it was assumed that all individuals are spiritual beings. Second, it was assumed that spirituality is complex and multi-faceted. Third, it was assumed that spirituality is not only an inherent dimension, it is developmental in nature. Fourth, it was assumed that there is interplay, influence, and effect between the spiritual dimension and other dimensions of the individual. And finally, it was also assumed, that individuals have both conscious and unconscious awareness of their spirituality and its relationship to overall health.

Sample

In a qualitative study, the principles of appropriateness and adequacy typically guide sampling. "Appropriateness is derived from the identification and use of participants who can best inform the research according to the theoretical requirements of the study" (Morse & Field, 1995, p. 80). The purpose of the research was to study the spiritual and health experiences of healthy, spiritually maturing adults, a population that had largely not been studied. The following selection criteria were utilized. Individuals could be included if they were: a) age 18 or older; b) willing to participate; c) considered themselves healthy; and d) who self-identified as 'spiritually maturing'. Individuals were excluded if they were: a) living in the acute phases of a chronic condition or, b) in the late stages of a terminal disease.

For the purposes of the study, the term "spiritually maturing" denoted the following:

> "…first and foremost, that this person understands the central role that the spiritual dimension plays in achieving wholeness for self and others. Second, the spiritually maturing person is aware of his or her relationships with self and others, including divine or transcendent others, and knows that fully experiencing, reflecting on, and learning from these relationships continues throughout life. Ongoing development means that at times, even cherished beliefs need to be released so that they can be transformed and changed" (Clark & Olson, 2000, p. 162).

The identification of volunteer participants occurred through a variety of means. Several community agencies solicited volunteers by circulating posters and/or community bulletins containing research and recruitment information (Appendix Three). Selected agencies were approached to post the recruitment posters based on their general interest in the areas of spirituality and health and because of their general access to 'spiritually maturing' individuals. Initial recruitment occurred via four community-based organizations and two Christian Faith communities. One additional community-based organization also assisted with recruitment when the initial recruitment did not yield the desired number of participants. (A sample Letter of Support can be found in Appendix Four).

As outlined in the recruitment materials, interested research participants were requested to contact the researcher. A telephone conversation was utilized to build initial rapport and complete screening and selection to ensure that participants met the previously outlined criteria. In addition, selected participants were required to demonstrate an understanding of the study and agree to be interviewed and tape recorded. Any interested individuals who phoned after a sufficient number of participants were obtained were thanked for their interest.

In determining the sample, the researcher attempted to attain as much diversity as possible among selected participants. Of the eight participants recruited, two were male and six were female, the age ranged from thirty-six to eighty eight years old, and they represented either a Christian denomination or no religious affiliation at all.

The sample selection was reflective of the principle of adequacy meaning that, "enough data are available to develop a full and rich description of the phenomenon-preferably that the stage of saturation has been reached" (Morse & Field, 1995, p. 80). The process of informant selection, interviewing, and data analysis continued until no new information was obtained and the description was rich and complete. While the process and analytic principles of qualitative research made it difficult to pre-determine the exact sample size, between five and eight participants were anticipated. Saturation was reached after eight participants.

Data Collection

"The quality of the research project relies heavily of the researcher's ability to obtain information" (Morse & Field, 1995, p. 89). As such, successful data collection necessitated that numerous considerations be planned for and addressed. Such considerations included attaining a proper interview setting, establishing rapport with participants, determining applicable data collection methods, using effective data collection tools and procedures and appropriately recording data.

Prior to the actual collection of data with research participants, several preparatory steps occurred. Upon first contact, when potential participants contacted the researcher by telephone in response to recruitment posters, the researcher provided individuals with further details of the aims of the study and the research process. As well, individuals were informed that all information received would be maintained in confidence. Following fulfillment of the above, interviews were arranged at a mutually agreeable time, and participants were offered a choice of setting including the privacy of the participant's home or a neutral and private setting within the community. All interviews were conducted either in the participant's home or in a conference room at a Spiritual Renewal Centre.

Gaining, building and maintaining trust and a relationship with research participants was vital to the effective collection of data. In this regard, the researcher began establishing rapport with participants as early as the first telephone contact. Rapport building continued throughout the in-person interviews in several ways. First, "because the researcher is the primary instrument for data collection, it is important to establish credibility with participants" (Morse & Field, 1995, p. 86). In this regard, the researcher provided participants with a brief overview of the researcher's background and provided an opportunity for questions. Second, participants were instructed that the research approach was exploratory and that their participation was viewed as participatory and partnering in nature. Third, the interviews began with less intrusive topics such as a review of the information letter (Appendix Five), establishing consent (Appendix Six), and gathering of socio-demographic information (Appendix Seven), as well as answering any of the participant's questions. This allowed participants to relax prior to responding to semi-structured, open-ended interview questions. The semi-structured nature of the interview itself also allowed participants to have a sense of control over the interview. Finally, the interview was purposely paced to move from broad questions to increasingly more specific questions in conjunction with participants increasing levels of comfort.

Throughout the data collection process, the research continued to be intentional in the development of rapport with participants. When mailing transcript copies from each interview to participants, the researcher enclosed hand-written cards extending appreciation. The researcher followed up with each participant by telephone to discuss their response to the transcripts. This provided a timely opportunity for participants to voice any concerns and to begin preparing for the next interview. Finally, at various points, the researcher verbally shared with each participant the valuable contribution their stories were making and in some cases, where appropriate, how they were affecting the researcher personally.

Data collection involved semi-structured interviews with open-ended questions. Interview questions were developed using several means. First, the domain of the subject matter was sketched out in a logical manner and potential questions were developed. Second, existing studies, and related survey instruments were examined and used to improve and ensure both range and depth of questions. Questions were revised following review by thesis co-supervisors and pre-tested with a trusted colleague, including recording and transcription. The researcher used the questions (Appendix Eight) as a basis to, "guide the direction of the interview, probing, understanding, and encouraging" (Morse & Field, 1995, p. 101).

Throughout data collection, participants demonstrated a high level of interest in both the topic area and in individual interview questions. They had a moderate to strong ability to articulate their responses and were keen to share their stories and experiences. Numerous participants even contacted the researcher by phone, in writing, or by email with additional thoughts following interviews.

Several steps were taken to ensure effective recording and transcription of the data. Interviews were taped using a portable tape recorder. Copies of all tapes were made as back-up immediately after each interview. Following the interview, tapes were professionally transcribed. To ensure accuracy, following the transcription, the researcher simultaneously read the hard copy transcription and listened to the interview audiotape.

Data Analysis

"Generalization is based on similar meanings rather than an exact duplication of essence" (Morse & Field, 1995, pg. 23).

The qualitative approach to understanding, explaining, and developing theory is inductive, meaning "that hypothesis and theories emerge from the data set while the data collection is in progress and after data analysis has commenced" (Morse & Field, 1995, p. 10). Four cognitive processes (Morse & Field, 1995) were utilized in the analysis of data.

First, the researcher employed two tactics to reach a reasonable level of *comprehension*. The collected data was kept separate from the literature to prevent 'contamination'. The researcher obtained enough data to be able to write a complete, detailed and rich description. When "the researcher [was] able to identify stories that [were] a part of the topic, identify patterns of experience ….then saturation [was] reached and comprehending [was] completed" (Morse & Field, 1995, p. 127). In all, the interviews with eights participants included in the research resulted in more than four hundred and fifty (450) pages of single-spaced transcripts.

Second, the researcher *synthesized* the data by 'sifting' through it in an effort to understand and describe the range, variation, norms, and relationships in the data. Such data analysis employs coding based on comparisons among transcripts of various participants as well as the analysis of content for commonalities. The result was the establishment of numerous themes, categories and subcategories.

The researcher used several means in working with the data. First, the researcher conducted manual synthesis and analysis using hard copy transcripts. Participant transcripts were broken into manageable blocks of text and photocopied five or more times. The text blocks were then read and reread and placed in category and subcategory piles as appropriate. Throughout synthesis and analysis categories and subcategories continued to change and evolve.

Third, the researcher *theorized* about the data by "constructing alternative explanations and holding these against the data until the best fit that explain[ed] the data most simply [was] obtained" (Morse & Field, 1995, p. 128). In theorizing about the data, the researcher worked even more closely with the blocks of transcripts, categories and subcategories. At this point in the process, the evolving model of categories and subcategories was reconfigured numerous times until it captured all aspects of the data. At this stage, existing theories from the literature were considered, particularly those that related to the developmental nature of spirituality and the processes of spiritual development.

Finally, the researcher *recontextualized* the data by further developing the emerging theory so that it was applicable to other settings and/ or other populations (Morse & Field, 1995, p. 128). As well, this involved presenting the developed model within the context of established theory, "and to clearly identify those results that support the literature or that clearly claim new contributions" (Morse & Field, 1995, p. 130). In developing the eventual model as presented in the discussion, the researcher placed additional consideration on the literature as outlined in the discussion.

Reliability and Validity

To ensure effectiveness of research and findings, issues of reliability and validity were explored and addressed. Reliability is "the measure of the extent to which random variation may have influenced stability and consistency of results" (Morse & Field, 1995, p. 243). As previously outlined, the study utilized purposive sampling, and thus, there was some variation in participant backgrounds. The repetition of interviews with each participant also allowed the researcher to ask similar questions over again, and/or reframe questions to assess consistency of responses. Interviews were immediately transcribed and checked for accuracy (Brink & Wood, 1989).

To enhance reliability the issue of researcher authority was addressed in several ways. First, in recognition of the researcher's own assumptions and their potential influence on systemic inquiry, the researcher discussed these with the thesis supervisors prior to commencing participant interviews. These assumptions were recorded and available to the researcher for reference throughout the investigation. Second, a pilot participant interview was conducted with a trusted colleague. This interview was taped, transcribed, and shared with the thesis supervisors for the purpose of identifying problems in the research design, clarifying interview questions, refining data collection and analysis, and providing the researcher with feedback regarding her ability to appropriately guide the interviews. In addition, discussions with supervisory committee members occurred throughout the research study to support researcher learning.

Validity, or "… the extent to which the research findings represent reality" was also ensured throughout the study (Morse & Field, 1995, p. 244). As previously outlined, data collection followed a semi-structured interview process using a broad range of questions. This method supported validity in two ways. First, it provided richness of discussion (Morse & Field, 1995, p. 23). And second, it ensured that the inductive qualitative strength of validity was maintained, because data was not collected or analyzed according to a preconceived framework or categories (Morse & Field, 1995, p. 15). The prolonged engagement of participants through two in-depth interviews also contributed to the validity of findings. As rapport increased, informants were less likely to respond in socially desirable ways and were more willing to share their personal stories and experiences. Throughout data collection and analysis the researcher continually clarified and validated data, interpretations and conclusions to determine 'goodness of fit' with informants and representativeness of the data as a whole (Brink & Wood, 1989). In fact, the researcher further validated findings by sharing transcripts from each interview with participants and incorporating any feedback regarding content or meaning. And finally, the researcher emphasized that the study was not affiliated with the agencies that assisted with the participant recruitment.

Ethical Considerations

In addition, to obtaining approval from the University of Alberta Health Research Ethics Board, several strategies were utilized to ensure ethical practice with regard to research participants. Participation in the investigation was completely voluntary. The researcher obtained informed consent from participants prior to the start of any interviews. The information letter and consent form were written in plain language levels of readability established at grade 7.6 and 7.1 respectively. Two copies of the information letter (Appendix Five) were initialled and two copies of the consent form (Appendix Six) were signed, one for the researcher and one for the participant. Consent was considered as ongoing, rather than static. Participants were free to withdraw from the study at any time and to withdraw their data by contacting the researcher and/or thesis co-supervisor(s). Participants were also free to refuse to answer individual questions during the interview process, and to change or remove transcript content upon its review. Two participants chose to exercise their consent option: one chose to pass on answering one question; and one asked that a portion of their response be removed upon review of their interview transcript.

The confidentiality of participants in the study was maintained. Names of participants did not appear on any of the collected data, but rather all interview tapes, hardcopy data, and transcripts were labelled with a participant and interview number. In order to ensure anonymity, there was no link between the participant name and assigned participant number. A master list linking the numbers and the names was kept in a locked filing cabinet, separate from the data. Consent forms and contact sheets were also kept in this locked filing cabinet. In addition, the transcriptionist was informed of the confidential nature of the data, and used pseudonyms instead of participant names. Any identifying information was deleted or transformed. Only the researcher, transcriptionist, and the thesis co-supervisors had access to the research data.

Several additional measures were taken regarding the handling of the study information. All interview tapes, hard copy data, and transcripts were stored in a locked filing cabinet. At the completion of the study, audiotapes and transcripts will be stored and locked in one of the thesis co-supervisor's area for five years as per University of Alberta policy. Finally, prior approval from an ethics committee will be sought regarding any future secondary analysis.

"A successful qualitative interview is more like an intimate and personal sharing of a confidence with a trusted friend" (Morse & Field, 1995, p. 90). The nature of qualitative interviewing itself, along with the particular subject matter of spirituality and health was potentially an area of sensitivity for participants. Given this, the researcher was attentive to any emotional difficulties that subjects were experiencing. In this event, the researcher responded appropriately while ensuring the maintenance of her role as the researcher. Such response involved any or all of the following; stopping the interview, providing the participant with tissues, rescheduling the interview to a later date, and referring the participants to a community resource or support (Appendix Nine).

CHAPTER IV

FINDINGS

> *"The study of spirituality is like walking a tightrope of trying to avoid a misleading reductionism while being sufficiently effective to fulfil scientific and practical needs of the discipline" (unknown reference).*

These findings, by focusing on a specific research question with a small group of participants, offer understanding that can be applied to the broader question of spirituality and its relationship to health. By exploring the question of "*How [do] healthy, spiritually maturing adults experience spirituality and its relationship to health*?", these findings offer insight into spiritual development and processes and mechanisms of health influence.

These findings demonstrate the complex and organic nature of spirituality. There is constant movement in multiple directions. It is rarely clear when something creates or causes something else. There is overlap in stories and in their meaning. Very little is tangible to the human eye. Rather, it is a personal and internal journey that is manifested externally. For these reasons, it is understood that there is overlap between the categories and subcategories.

These findings seek to understand the experience of spirituality and the experience of spirituality in relationship to health. Using categories, subcategories, and plentiful stories from the lives of research participants, these findings answer the research question by responding to two subquestions: "*How do healthy, spiritually* *maturing adults experience spirituality?"*; and *"How do healthy, spiritually maturing adults experience the relationship of spirituality to health?"*.

Findings are presented using numerous subcategories in six general categories. It was found that healthy, spiritually maturing adults experience spirituality; a) as the core of their being, b) as an evolving and expanding process, and through c) activation, d) cultivation, and e) manifestation in their lives. And it was found that healthy, spiritually maturing adults experience the relationship of spirituality to health as f) salutary or health promoting.

Without hesitation, all participants described spirituality as the *Core* of their being. For all, it was considered to be the innermost and most important part of themselves. They easily described their spirits and defined spirituality for themselves. They also shared the essence of spirituality to be one of relationship; relationship with self, with a Higher Power and with others, including nature.

Through their stories and responses to various questions, all participants portrayed spirituality as an *Expanding and Evolving Process*. Spirituality was characterized as progressing gradually and becoming greater in scope over time along a continuum of maturation. All but one participant recalled their first awareness of spirituality. A cycle of growth and change was characteristic of participant stories. And participants, in reviewing their lives, denoted various life stages that were connected to spiritual development.

Participant stories depicted the involvement of many variables in spiritual growth and development. Influences such as Divine will, crisis, and loss that set in motion or accelerated spiritual development and growth, were categorized as *Activation*. On the other hand, variables related to nurturing spiritual growth and development, such as personal willingness, practices and rituals and meeting of spiritual needs, were categorized as *Cultivation*.

The existence of spirituality and its various dimensions in people's lives was demonstrated in the various aspects of *Manifestation*. Participant stories revealed such areas as experiences of joy and peace, a sense of belonging, strong beliefs and values, purpose and calling, spiritual experiences, and spiritual lessons and learning.

Participants also considered the salutary or *Health Promoting* nature of spirituality in their lives. They shared stories and reflections about their perceived effect of spirituality on their health and well-being. Participants were unanimous in their belief and experience that spirituality was an integral part of their well-being. Additional areas of health promotion included; self-perception, inner peace, spiritual support and surrender, self-care and health practices, courage and inner strength, supportive connections, and illness and healing. Spirituality also influenced participants' service and healing of others.

The Participants

These findings portray the stories of eight peoples' lives. They share such personal discoveries as intuition, healing, compassion, devotion, and service. They are filled with the rhythm of relationships including conflict, intimacy, forgiveness, endings, and new beginnings. These stories speak to a powerful connection with divinity, with nature, and with the larger humanity.

Brenda, the first participant, is a middle-aged woman in the midst of significant life transition. She is moving through recreating her life following the ending of a twenty year marriage. The loss is magnified by the fact that it comes at the same time as her three children are reaching adulthood and leaving home. Brenda is a devout and practicing Roman Catholic whose spirituality is active in many aspects of her life. She works and volunteers in spiritual and pastoral settings. She attends mass daily and regularly practices prayer, meditation, Tai Chi, and walking circles.

Elizabeth, the second participant, is an eighty-eight year old retired woman. She survives her husband of many years and finds fulfillment in children, grandchildren, spiritual life and what she terms her 'intellectual pursuits' of reading and writing extensively. Elizabeth has lived an extraordinary life of accomplishment as a wife, mother of three, a lawyer and family court judge, a researcher and writer, and a celebrated and awarded community leader. In these quiet years of her life, Elizabeth finds great significance in daily solitude with the Divine.

Deborah, the third participant, is now reaching her sixth decade. Deborah has strong early religious roots that hold true today. She defines her purpose as the 'married state' and also speaks of the important years of raising her four children. Deborah's spiritual life is consistently present throughout all aspects of her life. She works in a pastoral care setting. Deborah is active on her path of personal and spiritual growth and does a great deal of reading and takes many courses. Deborah has a particularly strong interest in health.

Marie, the fourth participant, is also in the midst of some major life transitions. In the last number of years, Marie has struggled through a difficult accident that altered the use of one of her hands, has had melanoma, and has experienced a divorce. She is now also parenting her son alone. These struggles have strengthened Marie and served her personal and spiritual growth. Marie is active on her journey and spends time daily in prayer and writing. Her emerging new life involves a new vocation of serving others as a life coach through facilitation and support to persons with disabilities.

Cynthia, the fifth participant, has devoted her life to spirituality, religion and God. She entered religious life of the Roman Catholic faith many years ago. In this capacity, she spends a great deal of time daily at mass, in prayer, in solitude, and in reflection. She is ever-moving toward a higher union with the Divine. Cynthia also lives a life of great service. Through her religious life she supports others with their spiritual growth and she works actively in the community in various capacities. Most recently, Cynthia decided to do some additional schooling and practicum experience so she could recertify herself as a pastoral counsellor.

Scott, the sixth participant, was raised in an orphanage that offered early exposure to religion and faith. He has been close to his spirituality ever since, although he was not always conscious of it at the time. Scott practices Celtic spirituality that is deeply rooted in both nature and Divinity. Scott's spirituality was leading him to new places of service at the time of the interviews. While Scott has spent his career working in the audio-visual field, he was just completing his program to become a spiritual director. He will combine these talents in service. Scott has no children.

Natalie, the seventh participant is a thirty-six year old single mother of one. She has struggled through a very difficult life wrought with various forms of abuse and mental illness. Her intelligence, strength, and spiritual capacity served to help her cope and find healing. At this time, Natalie is also in the process of remaking her life in some ways. She had just gone back to school to finish her degree in psychology. She is also a practicing healer/ massage therapist. She hopes to combine these two interests together someday.

David, the eighth participant, has a particularly interesting story because of his hardships and triumphs with drug and alcohol abuse. David had been sober for about seven years. David is very forthcoming about the role of spirituality in helping him to find healing and sobriety. Despite his past, David now lives in wholeness. He meditates everyday. His relationships are supportive and loving. He has reconciled matters with the people he hurt through his addictions, particularly his children, and he actively supports others in their recovery.

Core

> *"Deep experiences of spirit comes through connections, in the midst of community, and in solitude. Recognizing spirit involves the awareness that wherever one stands at this moment is holy ground"(Burkhardt, 1994, p. 12).*

Participants unanimously characterized spirituality as being at the core, "the innermost, or most important part" of themselves and their lives (Webster's, 1984, p. 311). They described their spirits, and defined spirituality as well as religion. And they outlined the relationships of spirituality including with the self, with a Higher Power, and with others including nature.

It is through these core components of spirituality that participants experience spirituality. In other words, spirituality as an *Evolving and Expanding Process*, as *Activation*, as *Cultivation* and as *Manifestation* occurs through the relationships with self, a Higher Power and others including nature.

Spirit

> *"Spiritual living is a fulfillment from moment to moment, in which the outer person is in a state of living rapport with the inner being and becomes an extension thereof" (Sri Ram, 1972).*

Participant stories revealed numerous things about spirit. First, participants recognized that they were spiritual beings having a physical experience and not physical beings having a spiritual experience. Participants appreciated the strength and capacity of their spirits as Scott explained, "…[the] spirit just takes off, [it] doesn't need a runway. It's a vertical take-off". Participants easily characterized their spirits. And participants expressed the relationship of spiritual connection and renewal.

Participants delighted in describing the characteristics of their spirits. Scott shared, "my spirit is love, it's the love that I want to share with all". While Natalie said, "I have a youthful soul. I've seen her actually in a wheat field… and she has long straight hair…and is … full of piss and vinegar…". And Deborah remarked, "[my spirit] has always got wings, loves to travel, loves to fly…". Participants used many words to describe their spirits as being; "joyful", "loving", "extremely compassionate", "generous", "empathetic", "gentle", "faithful", "energetic", "wise", "imaginative", "peaceful", and "passionate". Spirits also typically expressed "humanity", "humility" "simplicity" and "charity".

Through their stories, participants talked about the vehicle of spirit for connection with self and others. Marie shared that through spirit, "[I] appreciate the passions in my life, the people in my life, or the purpose in my life". David spoke of connection, "my spirit taps into what goes on around me at any given time… It makes me more conscious that we're all connected and it's all just one energy flowing through all of us…". Scott described the calling of spirit toward others, "Who are you? Can we talk? Can we associate with one another? What next can I do? …. These are all questions that I feel my spirit is constantly asking me because the spirit will not do on its own… I am the vehicle". He also described the relationship between the open heart of self and the spirit, "… as long as I know and I feel that my heart is not closed… my spirit will soar… It is spirit that is soaring with all else".

Participants also spoke of the importance of renewal of their spirit. David's metaphor of a " tea light candle" was explicit, "[when] I was bankrupt in every area of my life, but mostly physically, mentally, and spiritually, what was left was just a little flicker, enough to keep me alive. I think what has developed through my spirit is that that candle has come full and completely to life and glows.... [when] that candle is flickering, I gotta renew my spirit".

Spirituality

"....your personal spirituality is your life and your life becomes bigger with the spirituality...". (Marie- Research Participant)

In telling their stories, participants reflected on spirituality. They described spirituality as universal and accessible. They spoke of spirituality as a lived experience, resulting in personal impact and human evolution. And they explained their perceptions of religion in the context of spirituality.

All participants used a common language in describing spirituality. Natalie shared that, "... there are so many dimensions to spirituality- at the most basic level it's about being connected to something other than yourself". Typically, these connections related to, "...relationship[s] with self, God and others". Spirituality was also seen by most participants as "a basic search for meaning and purpose in life...", " ... feeling the presence of ... something good... and peaceful...", and as being " grounded in tolerance and lack of judgement...". Participants believed spirituality was accessible, "... God is universal... the energy of God is universal, and it's available to everybody.... so the experience of spirituality … is universal and is available to everybody". Finally, for some participants like Scott, "spirituality is an individual journey… about the individual developing their own autonomy in whatever way is best to them and finding a God of their understanding…".

Participant stories and responses described spirituality as a lived experience resulting in personal impact and human evolution. While Scott specifically articulated, "… for me, spirituality is a lived experience…", all participants provided examples of such lived experience. They spoke of enjoying "God's creation", " friends…", "a walk in nature", "quiet time", "going out dancing", "spending time helping somebody else" or enjoying and appreciating "[their] talents and shar[ing] them".

The personal impact of spirituality was also described by participants; "… [spirituality] opens me up wider…"(Brenda), "…racquet[s] me into a fourth dimension" (David) , "radiates from my heart" (Cynthia), "I feel a total largesse in the spiritual side of my life"(Elizabeth), "… if I put it first, then it takes care of the inside of me and the outside of my body seems to take care of itself, and I don't get caught up in other people, places, things…"(Scott) . Participants also believed that "… [human] evolution is in the spirituality". As Scott described, "I think the purpose of human beings is to develop in a more God-like manner and to look for more peace, and to look for ways of being more civilized".

All but one participant shared that spirituality was a much broader concept than religion. Essentially, participants separated spirituality from religion and saw religion as, "a body of beliefs", "specific practices", "traditions", "rites", "rituals", "scripture", tenants", "guidelines", and "behaviours". They also defined religion as a "structure" and a "social institution". While they recognized that religion was one vehicle for the expression and exploration of spirituality it was seen as an "outer manifestation" of spirituality.

Relationship with a Higher Power

"My God is the one who nurtures and sustains me
in all things and in all ways" (Cynthia- Research Participant)

The relationship with a Higher Power was a central component of participants' spirituality. Through their stories, participants talked about their understanding of a Higher Power. They shared the affect of the relationship in their lives, particularly on a daily basis. They talked of their role in nurturing their relationship with a Higher Power and they talked about the importance of discernment.

Throughout their spiritual journey there were changes in participant perceptions of a Higher Power. Most participants were first introduced to the meaning of a Higher Power by their parents and through organized religion. Many had a period of being away from God and drawn back in as Natalie described, "...there was a shift in my life... I felt something change. I didn't know what it was and I started to recognize it as God...". For all, that understanding [of a Higher Power] changed throughout ... life". As Deborah explained, "...there has been learning that a [Higher Power] is not like an authority figure...". Some participants like Brenda, "...still have childish ways of looking at God as, as the Baby Jesus but I also see Him dying on the cross and then I see

Him arms stretched out and that's the Resurrection". Mostly, participants described their Higher Power as "Beloved", "Father", "Mother", "Creator", "redeemer", "lover", "brother", "true friend", and "Providence".

Participant stories revealed some of the daily experiences and emotional effects of participants' relationship with a Higher Power. Participants talked of their relationships with a Higher Power supporting them with "… daily guidance", "keeping things in perspective", and "seeing needs to be fulfilled that would not have been observed normally". Participants described feelings of "enrich[ment]", "warmth", "nurtur[ance]", "sustain[ance]", "love" , "intimacy", "connectedness", "gentleness", "benevolence", "grounding" and "acceptance" when speaking of their relationship with a Higher Power. They also talked of the faith and trust as described by Deborah, " … I trust and have faith and certainly hope. When I doubt I just allow myself to float in it rather than beg or be totally grateful because maybe it's a time of need. I just place my trust and just ride it, be it hours, days, weeks or months, sometimes even years…".

An important aspect for participants was identifying their role in nurturing the relationship with a Higher Power. Participants spoke of the importance of "wanting and desiring the relationship" (Cynthia) and recognizing that "[God] is innately part of who I am…" (Brenda) and that the relationship is "profoundly sacred" (Elizabeth). Participants expressed the need for "…accepting… and surrendering to this Higher Power who guides my life and maintaining a role of [responsibility] for my life and also accepting the help" as described by Marie. Participants spoke of nurturing the relationship by "searching" and "questioning", "solicit[ing] guidance", "telling Him exactly how I feel about certain things…", "ask[ing] for forgiveness", cultivating "a sense of gratitude", "a sense or prayer", "silence and solitude", and "helping other people in whatever way that I can". Participants also talked about "be[ing] open and receptive of the grace of the moment", "taking care of myself", nurturing gifts and talents, and "reflect[ing] on God's influence and direction…", and "liv[ing] within the values that I hold dear, [and] be[ing] faithful to what I really believe is right, just and good". Cynthia captured what is perhaps the most important aspect for participants in nurturing a relationship with a Higher Power, "…God invites and lures and then I can respond. My response is as total as I can make it …".

Finally, in speaking of their relationship with a Higher Power, participants spoke of discernment in three important ways. First, in recognizing the ongoing presence of a Higher Power, "… there's time when you really feel it. I mean there's times when you just know. It's like a moment of grace and it's beautiful and [you] know a [Higher Power] is there. And then there are times when you don't feel it, it doesn't mean its not there" explained Natalie. Second, in understanding that," anything that limits us is not of God" (Cynthia); "it's that sense of knowing what is authentic of God and what is not" (Elizabeth). And finally, in developing the ability to discern the voice and the energy of God as it speaks to you, Natalie suggested the importance of asking, "was it profound?, was it humanitarian?, was it gentle?, was it loving?, was it honest?, was it real?, was there some accountability… that you didn't want to hear that you needed to hear?".

Relationship with Self

> *"I think once I became more spiritual, I started understanding how I was and why I was doing certain things, and maybe trusting [myself]. ... from there I was able to kind of start flying, spreading my wings"*
> *(Brenda- Research Participant)*

Another important way that healthy, spiritually maturing adults experienced their spirituality was through their relationship to self. This was another of the core ways that participants experienced their spirituality and the process of spirituality's expanding role in their lives. The relationship was seen by participants as reciprocal, meaning spirituality influenced their relationship to self, and their relationship to self influenced spirituality. Since details of the relationship of spirituality to self are discussed extensively throughout the findings, only a summary is provided here.

A significant way that spirituality seems to influence participant relationships with themselves is with the simple recognition of their spiritual selves. Participants described the experience of seeing themselves as spiritual beings. After that recognition, there seemed to be a process that was about integrating the aspects and characteristics of the soul such as loving, gentle, passionate into participant personalities, lives and behaviours.

For all eight participants, spirituality was a catalyst for personal growth and development. Natalie explained it this way,

> "...I have struggled but there is a different flavour to my life...like it seems like I'm moving through stuff instead of getting stuck and always falling down. It's like and I'm just gentler with myself and I'm able to sort of correct myself when

> I see behaviours in myself that I don't like. There's been incredible growth and transformation…".

Marie offered some additional thoughts,

> "…it's very important that I look after myself, that I am responsible for my behaviours, nobody forces me to do anything… that there is love, unconditional love… When I feel more love, I'm going to act kinder to people. For me, I had to deal with this process, it was inner child work that I needed to do and that was it. I had to grow up, work on that and that meant letting go of ideas, negativity towards myself not being as good, this person picking on me, that kind of stuff, and being more mature in the way that I'm more accepting of myself. I'm not there yet, but I'm working on it".

Some of the key areas of personal growth and development for participants included changes to their self-esteem and self concept, changes to personal coping, changes to their perceptions of people and situations, and the facing of fears and taking risks. David shared, "…there's fears and doubts… they are scary for every human being. So it's getting over that fear and having faith that it's going to be okay regardless and inviting the God of my understanding to those areas whenever I'm having doubts and say if it's meant to be, it's gonna turn out and not get caught up in the day to day of it all".

Another aspect of spirituality's influence on participant relationship to self involved the growing importance of solitude and reflection in participant lives. All eight participants spent quite a lot of time by themselves. This time was typically used not just in communing with a Higher Power, but in developing self-awareness. Brenda explained, "it's just being aware… that's how I get to understand myself as a human being" .

Through spirituality, participants also discovered or developed an emotional intensity for life that was characterized by regular and lasting feelings such as passion, love, gratitude, joy. Scott remarked, "… spirituality radiates from my heart". … I am hoping that people would sense, would feel, even in how I speak…".

Participants also described spirituality's role in relationships to their highest self. Spirituality was influential in the realization of a higher self as Natalie explained, "…the long term vision is this core sense of who we are in our highest self is really the voice of our soul… I honestly believe that our soul, our self is the part of who we are that is totally unlimited". And spirituality was instrumental in the manifestation of a higher self as Marie described, "…[spirituality] shows up in an awareness of that part of me that is connected to the highest I could become compared to that part which is still is learning to accept love, that part of me that fights it, that pulls back, the undeserving part of me".

Spirituality also played a role in changing participant values, priorities and motivations in life. For example, participants spoke of the diminishing importance of the physical world and physical success. Participants talked about being motivated by love and service. And participants described recognition of what was truly important. David shared, "…[spirituality] was making me realize that life was about human relationships" .

Participants also described spirituality's role in developing a sense of personal authenticity and coherence. Cynthia shared the following, "…hopefully my spirit is authentic… that there is coherence between my behavior and my being".; "my whole thing is for my outside to match my inside" .

Through spiritual growth and development, participants came to see their lives as meaningful and purposeful. In all cases, participants described a sense of calling, or of finding a calling. And participants described the various roles they played in the world and in the lives of others.

Finally, participants described ever expanding levels of mindfulness and consciousness in their lives as a result of spirituality. They talked about heightened imagination, creativity and intuition. They talked about the importance of being fully present and of 'showing up'.

Relationship with Others Including Nature

> *"If we're not connected to others as human beings, what is the purpose?"*
> *(Scott-Research Participant)*

Another important way that participants experienced spirituality was through their relationship with others. Generally speaking, participants were engaged in relationships as children, parents, grandparents, siblings, partners and spouses, relatives, friends, employees, counsellors, caretakers, volunteers, and community members. Participant stories revealed that spirituality influenced healing, growth, and support in their relationships with others. Natalie commented, "every relationship that I've had has been life changing".

Spirituality was influential in bringing healing to participant relationships. Many participants experienced difficult and painful relationships which they described using words such as "denial", "codependence", "extremely dysfunctional", "enmeshed" "abusive" , "resentment", "jealousy", 'narcissistic", "mental illness", "major crisis', "isolation", "loneliness", "loss", and "death". Spirituality assisted participants in coping with pain and sorrow in their relationships as David described, "I invite a God of my understanding into those areas of my life whenever I'm having doubts and say if it's meant to be, it's gonna turn out and not get caught up in the day to day of it all". Spirituality was instrumental in participants finding perspective in turmoil filled relationships, "well as painful as [some relationships] were, they were necessary for me to move on" (Natalie). Several participants spoke of spirituality's role in their ability to discern between dysfunctional and healthy dynamics and relationships. Finally, spirituality encouraged forgiveness and healing in relationships and even restitution in some cases, "... being a little better father to my daughters and being able to make amends to my ex-wife ..." (David).

Spirituality inspired growth in participant relationships in several ways. For some participants, spirituality was modelled through relationships. Brenda described the importance of parental relationships, "I think that, that is why it is so important to have a mother and father, I think it makes a real difference in your relationship with Mary and with God". Spirituality was a catalyst for many participants. David explained, "... the spiritual [made] me realize that life was about human relationships... and to be more specific... it was through prayer, and through meditation and through my writing that I realized what was important to me in my life…". Spirituality played a part in participants becoming conscious about their relationships as Natalie described, "… to make a decision whether I want a relationship with a particular human being, whether it's friends, family or whatever or not and once I make that choice… then it's up to me to develop that relationship".

Spirituality influenced the quality of relationships. "[Spirituality] cleaned up my relationships" (Brenda). "I learned how to have relationships without imposing [my]self on someone else…" Natalie shared. Many participants shared stories of moving beyond certain relationships and shedding others. "… now that my relationship is more comfortable with myself and a Higher Power, then that translates outside of me… I attract people who are healthier and who are capable of the same things" (David).

Spirituality also played a role in participants opening up to intimacy within their relationships. Marie shared, "… when they (men) get too close, [that's] difficult. There's a fear there … that's sort of what I'm trying to work through a little bit with the spiritual stuff…". While Scott noted, "…you've gotta learn to share, learn to speak out.. You've gotta learn to live the shared aspect. That's hard to do when you've been closed up like a locked room for forty years. [Spirituality] broke the ice. It peeled off a few layers of onion skin".

Spirituality also activated support and service in participant relationships. In many cases, spirituality prompted participants to become "… conscious of my relationships with others and I want them always to be meaningful…" (Deborah). Spirituality was a strong influence in how participants saw others. Cynthia explained, "I recognize [people] as temples of the Holy Spirit, [there's] something very precious about each individual" and themselves in relationships, "... we're called to be instruments of hope and healing for others...". Spirituality also influenced how participants interacted with others. Participants strived to be "sensitive", "gentle", "perceptive", "easy to be with", "fun-loving", and to "listen", "stay connected", "play an encouraging role" and "help people to work out their problems".

All but one participant experienced a strong sense of spirituality through their relationship with nature. Participants were "pulled to nature". Interestingly though, while participants felt a strong connection to nature, they did not always maintain the connection throughout the different stages of their lives. "At times I feel a strong sense of being pulled to be in nature, sometimes I am able to respond to that and other times not" (Deborah).

Participants are nurtured by the creation and beauty of nature. Participants felt connected to different aspects of nature: the forest, the ocean, the mountains, the ruggedness of the north, and the life cycle of animals on a farm. Participants shared, "I am one with as well as being part of creation" (Natalie), ":...creation is such a beautiful, beautiful, beautiful fulltime aspect of my life" (Scott), and "...just being there in the midst of creation... it nurtures me and refreshes me" (Brenda). Cynthia offered a summary of the connection of nature, "... I think that God speaks to me in nature and in solitude and in natural beauty, it's what I call the greening of my soul".

Evolving and Expanding Process

"A vital force is active in every individual and leads it toward its own evolution" (Montessori, 1957).

Spirituality was depicted as an evolving and expanding process in participant stories. More specifically, it was characterized as a gradual development through a series of actions and changes and ongoing movement and progression toward an ever-increasing scope in participant lives. Participant recollections of their first spiritual awareness varied considerably from early childhood to mid-adulthood. In most cases, this awareness was achieved only in hindsight. A recurring cycle of growth and change was characteristic of participant stories and their developmental process. In reviewing their lives, participants quickly associated various aspects of spiritual growth and change with life stages. Further, participants had a clear sense of the continuous nature of spiritual maturation including areas of attainment, current struggle and future expansion.

First Awareness

"Spiritual life always implies something higher than itself towards which it is ascending" (Berdyaev, 1955).

The notion of a first awareness of spirituality was common to participant stories. The stories varied widely in terms of participant's age, the circumstances, and the connection if any, to religion. In all cases, the first awareness initiated a spiritual path in some way, albeit latent in some cases. For some, it was only in hindsight that they could see where and when their spiritual story actually began.

While many of the participants remembered early experiences of family and church when they were growing up, these experiences constituted a first awareness only for Cynthia and Deborah who shared, "I would think my very early years of childhood. Evening prayers, night prayers, that was all those formative years, …. I really feel that I was spiritually nurtured enough in terms of planning my own foundation and liking what was given to me".

Throughout his childhood and adolescence, Scott's first awareness was a recurring spiritual dream. However, it was only in adulthood that, " I discovered that the wild goose was a symbol for the Holy Spirit".

For all other participants, the first spiritual awareness occurred at some time in adulthood. For Elizabeth, first awareness was the result of attending a spiritual gathering while at University in the 1930's, "I attended several of their gatherings, …. And it was from that that I developed a really solid foundation of spiritual life to which I have added ever since".

For the other participants, a crisis in adulthood led to their first awareness of spirituality. "After I had the accident and went to church, I was pulled to a presence" recalled Marie. Natalie shared , "I had a moment when I was 19 where I tried to kill myself but I couldn't do it…. But it was that first moment of knowing that, you know what? There was something holding me back. Something divine."

Interestingly, David's first awareness occurred in a peripheral sense. While struggling with drug and alcohol abuse, " I saw other people who had gone through a [spiritual] transition and they shared their experiences that they had been in the same place that I was and now I saw them ten years later and their lives were happening and I saw their peace and they had sparkles in their eyes".

While the experience of first awareness marked the beginning of the spiritual journey for participants, it did not necessarily prompt continued and immediate spiritual growth and development. While for some it was the start of "small awakenings all the way through" (Brenda), for others it was followed by a return to spiritual dormancy, "it took me another decade before I really tapped into that source and started developing" (David).

Growth Cycle

> *"Growth is a rare phenomenon. It is natural yet rare. When the seed has found its right soil, it grows. It is very natural; growth is natural but to find the right soil- that is the crux of the matter" (Osho, unknown date).*

A common theme to all participants was the growth cycle of spiritual development. In different ways and in different stories the participants talked about various aspects of a growth process that repeats itself in a cyclical manner. While the factors that initiate each turn of the cycle and the degree of difficulty may be different, the resulting internal change and transition are consistent.

Movement through the cycle can either be characterized by difficulty and turmoil or by desire and pursuit of spiritual expansion. For participants several possible themes typically marked entry into the spiritual growth cycle including a strong sense of uncertainty regarding life direction, a life crisis related to health, death of a loved one etc., a seeking desire for and manifestation of more spiritual knowledge and understanding, and a general malaise or disillusionment that represents a life and/ or belief that is no longer working.

Entry into the spiritual growth cycle was followed by a period of struggle and or movement that lasted hours or years depending on the difficulty. "Well for me, it feels lots of times like I've been taken out of my old life and put into a new life and so sometimes I'm disoriented" (Brenda). Some participants referred to experiencing the dark night of the soul as coined by St. John of the Cross in the 1600's (Lenoir & Tardan-Masquelier, 2002, p. 642-3) at least once during their lifetime. The point of surrender and acceptance marked the end of the acute struggle and doubled as an invitation to change and action. For example, when David accepted that he needed support for his dependency on substances or when Brenda or Deborah accepted that their marriages were finally over. This was followed by transition and eventually equilibrium once life stabilized. Eventually the growth process started again with re-entry into the spiritual growth cycle.

Several participants including Brenda, Marie, Natalie, and David also mentioned the consequences to their continued spiritual growth and development. The most dramatic example was Brenda's spiritual growth and commitment prompting the ending of her twenty-year marriage. "[Spirituality] wasn't in my marriage, and it's when I saw that it was in every other part of my life that I really, really saw how much it wasn't in my marriage… and how that was such a contradiction of who I was… it was grinding. I felt alone spiritually".

The most common thread and instrumental part of the spiritual growth cycle for all participants was faith. According to participant stories, faith helped them to accept pain and difficulty as part of life and part of spiritual growth as explained by Cynthia, "the providence of God is rooted in the sure knowledge and this is the gift, this is where the faith is, that God loves me, loves you, loves anybody unconditionally and will provide whatever we need…".

Faith helped participants to know that they were not alone. Natalie shared, "God is present with me… and there are times when I, I don't feel that but I know it and it's the knowing that's the sustaining part". And faith gave participant the capacity to see the struggle through to the other side, "so then my faith is going to carry me and maybe in the darkness of the night… I don't like it but I'll stay with it" (Deborah), and "God would never allow something that is beyond my strength or anybody else's strength" (Scott).

Spiritual Maturation

"The spiritual life does not remove us from the world but leads us deeper into it"
(Nouwen, 1980).

Participant stories were quite revealing on the subject of spiritual maturation. Participants not only recognized that maturation is part of spiritual development, but that there is "often a relationship between psychological and emotional maturation and spiritual maturation" (Cynthia). In addition, participants discussed life stages in relation to spiritual development and their current areas of spiritual development.

Participants were clear that spiritual development is a "gradual evolving", and their stories revealed many aspects of spiritual maturation. Many participants recalled the simplicity of spirituality as children. Cynthia explained, "as a child it was very simple, very straightforward, it was black and white in some things". This was often followed with issues of self-identify. Scott described, "I guess the questions were related to where am I supposed to go and questions of identity". "Once I became more spiritual, I started understanding who I was and why I was doing certain things, and maybe trusting my intuition" (Brenda).

Spiritual maturation seemed to take on another dimension once regular time and energy were spent in spiritual activity. ".... It's very peaceful... my daily relationship with God" (Elizabeth). In time participants were "... able to look for meaning and discover it even in the times of trial and tribulation and darkness..." (Cynthia) and to " [move] past the part of being judgemental and thinking they know all of the right ways of doing things..." (Brenda) and become "accepting, accepting ..." (Scott).

Ongoing spiritual growth and development manifested for many participants as "...a continuous feeling of relationship with God..."(Elizabeth), that was, "rooted in a certain peace or serenity of spirit..."(Natalie) , and characterized by, "complete 100% trust.." (Scott) and "... continuing to grow [and] being other centered "(Cynthia). In discussing spiritual maturation, most participant stories also referred to a changing perception and image of a Higher Power, "from an authoritarian kind of figure to more of a loving fatherly figure…" (Brenda). For some, spiritual maturation was realized when they felt, "… equal to God, equal to the Creator" (Marie), and/ or "…it moved into a spousal relationship …" (Cynthia), and/ or, "I gave my life over to God" (Natalie).

Another aspect regarding spiritual maturation that was relatively consistent among participant stories was the connection to various life stages. Most participants shared that spirituality was not present in all stages of their lives, particularly from late adolescence to mid-adulthood. David clarified this notion by saying, "… I see that spirit was taking care of me, … it was working but not in ways that I was conscious of".

With the exception of the participant who entered religious life, all female participants noted strong spiritual connections with marriage and motherhood. In particular noting the dramatic spiritual impacts of being blessed with the birth and raising of children, and the difficult adjustment to purpose and meaning as children reach adulthood. Brenda shared, "at 40, I was extremely upset because I wasn't going to have any more babies and I had to find something that was meaningful to me and actually ended up in counselling for it…". It was also recognized that during the busy life stage of child rearing, little time was available for spiritual growth and development. This theme was less prominent for the two men in the study. Scott did not marry or have children, and David while married with children was largely absent because of issues with substance abuse.

In mid-life most participants experienced, "an awful lot of transition', and felt "fragmented". Given this, it was quite common for participants to either commit or recommit to their spiritual development in mid-life.

In discussing the concept of spiritual maturation, several additional themes emerged from participant stories. Participants talked about the reconciliation of living a spiritual life while also being conscious of the physical world but not being pulled by it as an aspect of spiritual maturation. "To be from the world, but not of it". Participants talked about the maturation of losing rose-coloured glasses and seeing fully the human experience with all its pain and suffering.

While participants were on some level content with the level of spiritual development they had achieved, they were all actively continuing their spiritual practice and search. All participants could readily identify the areas of spiritual development they were currently working with including such things as being faithful to God's grace, inner peace, authenticity, wholeness of mind, body, and spirit, spiritual marriage, and ministering and service to others. Brenda even acknowledged some fear regarding the next stages of spiritual growth and development, "…what I want is also what I'm very, very scared of". In this statement and through her story, Brenda revealed fear of her life, particularly her physical life changing with increasing levels of spiritual development.

Activation

"We cannot be filled unless we are first emptied, to make room for what is to come" (Merton, 1948).

In addition to depicting spirituality as an evolving and expanding process, participant stories also revealed the involvement of many themes in spiritual growth and development. Through analysis these themes were categorized as either internal or external. External influences that set in motion or accelerated spiritual development and growth including Divine will, significant events, and major influences and barriers were labelled *Activation*. In some cases, individual themes were considered to be either an influence or a barrier on spiritual growth and development.

Divine Will

"At any rate, I am convinced that he does not play dice". (Einstein, 1926).

The notion of Divine will was a subtle and recurring theme among participant stories. Essentially, participants referred to four ways in which Divine will manifested in their lives. They are briefly described here since they serve to activate spiritual growth and development and they are also detailed throughout the section on *Manifestation* in particular in the subcategory entitled *spiritual experiences.*

All eight participants discussed the concept of intuition. While Webster's Dictionary defines intuition as, "the power of understanding situations or people's feelings immediately, without the need for conscious reasoning or study, or an idea or piece of knowledge gained by this power" (Webster's, 1984, p.739) participants referred to intuition as a "feeling" and "knowing", "guidance about what to do or a choice to make'.

Brenda and Natalie also referred to Divine will from the perspective of permission. These participants described circumstances where through prayer of some kind they felt they had received permission from the Divine for things they were doing or choices they were making. For example in speaking of her ongoing involvement with Tai Chi, which Brenda perceives as not typically supported by the Roman Catholic Church, Brenda noted, "I feel that God has given me permission".

All eight participants also referred to the gift and grace of Divine in their lives. It was common for participants to make statements such as "nothing, nothing that I can do. It's whether God let that happen or not" (Brenda) and "it's a gift, everything I do and have is a gift from God" (Cynthia). Further, Natalie and David both described experiences where they felt the Divine had actually willed something not to happen. Natalie shared, "there was something holding me back, something Divine".

And finally, all eight participants described instances where Divine will played a role in the unfolding of life circumstances in various ways. Participants talked about the Divine having a hand in their meeting people, getting jobs, finding and receiving help when they needed, and simply being led to the right person or place at the right time. Interestingly, the notion of Divine will played such a significant role in some participants lives, they sometimes looked for signs of the Divine as guideposts for their lives.

Significant Events

"The light is reached not by turning back from the darkness, but by going through it" (Anonymous)

Without exception, participants spoke candidly about the significant events in their lives. While there were some differences among participant stories in terms of the nature of the events, there were also many similar themes including; losses and crisis, marriage and family, illness, religious commitment and community and/or world events. Participant stories also offered insight into how these influenced their spiritual growth and development. While several participants also saw spiritual experiences as being significant events, these are discussed in the section entitled *Manifestation.*

Losses and/ or crisis were the most common significant events in the lives of participants. Participants shared stories of loss through the death of loved ones, particularly relatives including spouses and parents. For some this significant loss occurred while they were still children. Brenda shared, "losing my dad probably was the big thing. I was eleven or twelve…". David and Natalie courageously shared stories of attempting suicide. Natalie talked about an abortion as a painful and life altering experience through the realization " of having the opportunity to bring a life into the world that I denied myself… If I'd been a different person I could have played that out differently". And Natalie also described the sexual abuse of her daughter as, "the time of my most severe suffering in life".

Marital and family relationship changes were also commonly discussed by participants as significant events. Separation and/ or divorce was considered to have a significant influence on spiritual growth and development, "… when my husband moved out it was a huge loss" (Deborah). David talked about leaving his wife and children, and shared, "my biggest loss and probably my saddest regret was that I didn't have the quality of time from, from ten to sixteen years old, [with] my two daughters". Natalie talked about severing familial relationships, "when I walked out on my family because they were molesting my daughter". On the other hand, most participants found that childbirth and parenting had a significant positive influence on spiritual growth and development as described by Deborah, "to really recognize the seriousness, the giftedness of having this child, a beautiful, totally perfect child and also recognizing the responsibility…. I think my spiritual growth started developing from being grateful…".

Illness of self and others also influenced the spiritual growth and development of participants. Participants shared the struggles of coping with such things as alcohol and drug addiction, a disabling accident, Hodgkin's disease, spinal meningitis, and mental illness.

It is important to note that while participants described many losses in telling their stories, they also considered these losses to have been not only significant in their spiritual growth and development, but also as being ultimately positive influences in their lives. The loss was seen as the beginning event in a cycle of spiritual growth and change.

A few participants also named specific religious events as being significant to their spiritual growth and development. Two participants talked about the importance of their religious commitments, one as a Sister and one as a born again Christian. They recalled the ceremony and the emotional and spiritual commitment of the events. Natalie shared, " ...everything just kind of slowed down cause I wanted to be very conscious and present in the moment. ... I literally asked Christ into my heart... there was a spiritual lifting that came over me". Several other participants including Cynthia, Marie, Scott and Deborah discussed the significance of visiting sacred and/or religious places such as the Vatican, St. Peter's Square, and Lindisfarne in Scotland. Deborah explained, "when I was praying it wasn't just my own church or chapel. I often would see myself with many, many other people worshipping a God... And also bonding- I may not have spoken with other people but the keen awareness that they are searching for what I am and that is to deepen my spiritual life".

Participant stories offered several insights into how these significant events were influential on spiritual growth and development. In general, participants were able to see the difficult and significant events in their lives as an, "opportunity for growth", and as, "necessary for me to move on". Significant events sometimes prompted self-assessment, "...that was sort of a moment when I looked at myself really objectively but without judgement... things started to shift for me because I saw things differently. I saw that my life could be different" (Natalie). They were often seen as opportunities for leaning, "Lord, teach me what it is, tell me what it is I am to learn from this experience" (Cynthia) and healing, "... the spiritual development worked with it. It helped me to release things... I was able to release and to really experience what it's really like to feel and feel sad, feel all these feelings" (Marie). Where appropriate, significant events even inspired surrender as David described, "I was just to a point of total despair. I was totally bankrupt in every area of my life… I just finally surrendered and said I need help". David also explained how moving through to the other side of a significant event helped participants to recognize the spiritual strength and support in their lives, "it was only the spiritual that carried me through all that".

Major Influences and Barriers

"The soul is a lamp whose light is steady, for it burns in a place where no wind comes" (Gita, unknown date).

Participant stories of spiritual growth and development also revealed a number of major external influences and barriers. Interestingly, through analysis it became apparent that the major influences of relationships, models, religion, and organizational settings could serve as both influences and barriers.

Relationships with parents, spouses, family and friends all served as influences and barriers for the spiritual growth and development of participants. Generally, early home life, support or non-support, and the absence of relationships were the strongest influences.

A number of participants talked openly about the strong influence of their early home life. Deborah described, "…my dad, he'd read the Bible, play music in church, the organ was played for weddings and funerals… I loved that part. I just saw the goodness, and my mother… she would demonstrate her joy with raising her children… those were the early stages. I give credit to my parents". Cynthia shared, "religion was probably part of the household… we had little family things we did. We had grace before every meal. …my father always said grace and he would go to his church and we would go to ours".

Participants experienced varying degrees of external support from family and friends regarding their spiritual growth and development. For some like Cynthia, "they have been so supportive of me always, always…". For others the level of support has been inconsistent, "when I was younger, I think I was accepted quite well… now there's some level of resistance from my siblings in terms of my devotion" (Marie). For others like Marie it has been largely lacking, "my Mom doesn't like it. My Mom thinks I'm crazy. I don't think she has any concept of what I'm about anyways…" (Natalie). And for some, like Brenda it has created a significant barrier, " they wanted to put me back in the same little box that I belonged in.. because it challenged them a little bit too much. I remember my husband being really down on me because I changed….. You know it was huge resistance to my changing. Huge ". As Cynthia commented, "there's a difference between not understanding and not being supportive".

Several participants also discussed the absence of significant relationships as being an important influence or barrier to spiritual growth and development. Brenda commented, "I have a sense that a part of your spiritual journey is about being partners with someone and so if you're not partners with someone, you can't express, you know all aspects of your spirituality…" . Natalie shared, "…there's really no consistency of relationships in my life. I don't know if that's normal for people..".

Another significant area of influence on the spiritual growth and development of participant were role models. Various people served as role models for participants including sponsors, mothers, friends, members of religious orders, clergy and spiritual directors. Participants talked of people who shared like Natalie's friend, "…I believe she is the most spiritually aligned person I've ever met.… She is the most gentle person I have ever met.… She never shuts down her energy.. she never shuts people out…". They talked of people who helped like David's friend, "I have another friend who had gone through the same sort of crisis.… I saw how his life changed and he became my sponsor… and his whole purpose was to lead me to a God of my understanding… for the first time in my life I was able to trust completely in another human being". And they talked of people who modelled, "I've always liked the religious order people, meaning the priests and sisters… great admiration for them. I would imitate them… I would look over their shoulders, see what they were reading or praying or whatever…" (Brenda). As Scott shared the key to this influence was in the approach, "…we're not going to tell you were you should be… in other words, you can come with us but you don't have to stay… you can walk with us, but you don't have to listen" .

Based on participant stories, religion seemed to have the most conflicting influence on the spiritual growth and development of participants. For some, religion was a positive and supportive influence, "… it was being brought up in a … religious situation.… As a child, [I] spent most of my life in church.. so it became very important, it took the place of a home life almost…" (Marie) and, "…that year and a half out of high school when I was in religious life also was part of it because that's when I really learned to pray…" (Cynthia) . For others, religion presented a substantial barrier because, " …. I couldn't tap into a God of my understanding…" (David) and because,

"…of its rules, regulations, governances and idiosyncrasies and stupidities" (Scott). Brenda commented, " I hate the thought of even somebody thinking of me as religious". Others, seemed to find a balance, "I think the recognition that spirituality does not necessarily need to be separate from religion" (Natalie).

Finally, several participant stories talked about the influence of organizational settings on their spiritual growth and development. Scott spoke of growing up in an orphanage, "the house master and house mistress, they would go to their own church. It was no problem. You kids go where you want to go but go and we trust you to go…. It taught me to be open to others… to trust others". Elizabeth shared how a visiting organization inspired her spiritual growth, "they were called the Oxford Movement. They were from the University of Oxford in England. I attended several of their gatherings… and it was from that that I developed just a really solid foundation of my spiritual life to which I have added ever since…". And David named Alcoholics Anonymous as being, "the most major influence by far".

Cultivation

"Most people are like a falling leaf that drifts and turns in the air, flutters, and falls to the ground. But a few others are like stars which travel one defined path: no wind reaches them, they have within themselves their guide and path" (Hesse, 1951).

In addition to depicting spirituality as an evolving and expanding process, participant stories also revealed the involvement of many variables in spiritual growth and development. Internal influences related to nurturing spiritual growth and development, such as personal willingness and capacity, practices and rituals, knowledge and direction, and meeting of spiritual needs, were categorized as *Cultivation*. As David explained, " I think spirituality is something that is developed and the only way I can develop it is through practice".

Personal Willingness and Capacity

"We create ourselves. The sequence is suffering, insight, will, action, change" (Wheelis, 1973).

In sharing their stories, participants revealed many deeply personal things about themselves including aspects of their own willingness and capacity for spiritual growth and development. Generally, such aspects referred to personal characteristics, openness and participation.

Seven of eight participants with the exception of Elizabeth, described numerous personal characteristics that influenced their spiritual growth and development. Participants described issues of low self-esteem and self-confidence, and, "…letting go, letting go of self-doubt" (Scott). They talked about stubbornness and defiance. They talked about selfishness. David shared, "I was still so self-absorbed in myself and I was self-absorbed in the lifestyle that I was living and I couldn't see going any other way". Natalie talked about the challenge of moving beyond the intellect, "…it is really hard for me to break out of my own mind" and "I have a tendency toward isolation".

Most participants talked about fear in some way, "I go through doubts and fears and insecurities…" (Marie) and "my own fear, my own fear of moving on… the only thing that would stop me is me" (Brenda). Some participants also described emotional wounds such as, "… I feel small, or I feel vulnerable, or I feel sorry for myself and I feel I can't" (Natalie), "I was very emotionally sick… I have disconnected myself from society and the works" and describing the, "guilt, remorse and shame that I carried for twenty years…" (David).

Participants also revealed aspects of openness in their spiritual growth and development. Participants talked about the challenge of "… not having an open enough mind" (Deborah). And they talked about the need to "…see more of the love and accepting the love and what it offers…" (Marie),"…to listen to my heart"(Scott), "… [open] myself up to more trust…" (Cynthia), "… open to infinite possibilities" (Brenda), and to "… [invite] the God of my understanding into the areas [of my life]" (David).

Finally, participants talked about the importance of "actively participating" in one's spiritual growth and development. Some participants like David talked of a time when they were "…not really seeking, not really seeking a spiritual way of life". Others, like Natalie, spoke of the challenge of "…distraction … and self-discipline…

it's pretty easy to get caught in paying the bills, and work, and making dinner, and doing the dishes and whatever… and then it's the end of the day and I realize I haven't thought about God once. It would have been so much easier if I would have just said, God I'd like to feel your presence today and I'm open to that and my heart's open to you and let's do this together". Some participants including Brenda, Deborah, Marie, Scott, Natalie and David even talked about the pull of the physical world and the need for physical security compared with spiritual growth. Participants also recognized the simplicity of personal spiritual willingness, "if God's gonna put it in my path, all I gotta do is wake up, and show up…" (David). Participants also recognized that despite elaborate spiritual practices, that spiritual growth and development could be as simple as their willingness to be present in their own lives.

Practices and Rituals

Practices and rituals were a common element in participant stories. Through such things as solitude, prayer, mass, journaling, and helping others, participants sought renewal, self-understanding, peace, and spiritual growth.

In telling their stories, all participants described the importance of solitude. Deborah explained, "I really need to spend a lot of time alone… when I find that I'm losing my sense of being grounded and of being able to clear my head…. and not being reactionary, it's usually cause I haven't spent enough time alone". Some participants like Brenda, Cynthia, Natalie, Scott and David sought extended solitude in the form of weekend or week-long individual retreats.

Religious ceremony and sacraments were another common form of practices and rituals for participants, "mass, going to mass… and all the sacraments" (Brenda). For some participants church was a weekly activity while for others it was daily. For David who is not affiliated to a religion, regular Alcoholics Anonymous meetings serve as his organized spiritual practice.

All participants spoke at length about the importance of prayer to their spiritual practice sometimes using others words such as meditation and communion. Cynthia remarked how prayer keeps her, "sane", "grounded", "honest", while Natalie explained that, "[prayer] gives [her] a sense of belonging in the world". Most participants prayed daily. For some it was formal prayer such as walking the rosary, for others it was more like a deeply personal conversation. "I think true prayer… actually involves … this communion with God" (Cynthia). For many the intention of prayer changed to reflect their lives, "…. prayer has become more personal to me…now I have a God of my understanding [that] I can really talk to. I may just say here's where I'm at. I'm hurting today. I'm not feeling well or I can be grateful and I can give thanks…" (David). For some, prayer was both a deliberate solitary practice and a constant connection to the Divine, "prayer is not necessarily something that I stop what I'm doing to activate, participate in. It is a part of everything I do" (Scott).

Another aspect of spiritual practice for some participants involved reflection and assessment of themselves and their lives. For Brenda, Marie, Natalie and Deborah this took the form of regular journaling. For David, it involved a much larger activity, "I do a house cleaning every six months, I mean an internal house cleaning where I will write about my private journey over the last six months, things I need to clean up, things I need to work on, whatever…".

Participants also spoke about a whole variety of activities that they considered to be a part of their spiritual practice. Such activities as massage, particularly Reiki, tai chi, yoga, listening to music, walking, and working outside were believed to contribute to peacefulness, simplicity and connection.

Finally, relationships with others were described as also being a part of spiritual practice in several ways. First, the simplicity and connection of spending time with family and friends. Participants spoke about the struggles and challenges of relationship that helped them to grow as individuals and spiritual beings. And third, participants described the importance of supporting others and "seeing people grow and develop no matter where they are at" (Natalie).

Knowledge and Direction

Another way that participants cultivate their spiritual growth and development is with knowledge and direction. Generally, knowledge took two forms: either formal religious texts, doctrines and scriptures or informal books from the larger culture. Participants named such things as the *Bible*, daily prayer books, *Daily Reflections*, readings from Buddhism, scriptures, and writings of the Pope. Some participants including Elizabeth, Deborah, Cynthia and Natalie had even spent time in formal religious and theological study. Participants also named such popular books as *A Course in Miracle*, the *Conversations with God Series*, *Celestine Prophecy*, *The*

Goddess Within, and books by Deepak Chopra, and Carolyn Myss such as *Anatomy of the Spirit*. Most participants, excluding Elizabeth, also participated in some sort of spiritual direction through Spiritual Renewal Centres. As David shared, "It's like spiritual kindergarten. … So the one thing that I learned was if I wanted to find out about spirituality, then I'd better go find people who've lived a spiritual life for a lot longer…". Cynthia and Scott were even trained to provide spiritual direction to others.

Awareness of and Meeting of Spiritual Needs

Participants cultivated their spiritual growth and development through the awareness of and meeting of their spiritual needs. Participants shared many other needs of their spirit in addition to solitude, prayer, connection with God, and spiritual direction which were previously discussed. Participants talked about their spirit's need to be fully present in life, "…that consciousness of being present in each moment…" (Natalie), to be peaceful, calm, and, "my spirit needs me to be gentle" (Natalie). Participants talked about gratitude and " … [the] opportunity to be thankful" (Cynthia). Participants talked about being "refreshed with love" (Scott) on a regular basis by a Higher Power, by self, by others, and by time in nature. Participants talked about, "…balance, emotionally, physically.. so much work, so much play, so much quiet time, so much people time…" (David). Participants talked about their spirit's need for self-acceptance, and self-expression, "to be heard" (Deborah) and "to be creative" (Elizabeth). Participants talked about their spirits need for "... people who have common bonds and who are on common paths…" (David), and for "community as a whole" (Scott) including being a “humanitarian” (Natalie). And interestingly, despite several participants struggling financially, only one participant talked about her spirit’s need for physical security, “I need security, I need the money there to be able to live in some kind of comfort and to not have to worry about financial things… to meet my spiritual needs, I need everything else in place” (Brenda).

Manifestation

> *" ...what is this whole process of spirituality...it was like this conscious connection between working with these ideas and these thoughts and then seeing it manifest in my life and being able to say this is God" (Natalie- research participant).*

The existence of spirituality and its dimensions and development are expressed in people's lives in various ways. Such manifestation is defined as the, "demonstration of the existence, reality or presence of a person, object or quality", and as, "one of the forms in which one, as a divine being, an individual, or an idea, is revealed" (Webster's Dictionary, 1984, p. 723). Participant stories revealed such themes as conscious intent, emotional states such as joy, faith, and belonging, beliefs and values, spiritual experiences, purpose and calling, and spiritual lessons and learning. Natalie explained, "I'm working with this God concept… and I'm getting results in my life… spiritual connection and physical manifestation…".

Participant stories also revealed a relationship between spiritual practice and manifestation. According to participant stories, manifestation began with small glimpses and grew over time. "I knew that something had shifted in my life and that I had become connected and things were flowing and there was more peace in my life and I was intuiting a lot more…" (Natalie). A number of participants including David, Marie, Scott and Natalie also described how lack of practice results in lack of manifestation after several days, "I find that when I move away from [spiritual practice] my life falls apart and so I have found that if I'm going to have any sort of peace of mind and functional existence on this planet, then I have to be spiritually minded and spiritual connected to a higher source" (David).

Conscious Intent

> *"We must become so alone, so utterly alone that we withdraw into our innermost self. It is a way of bitter suffering. But then our solitude is overcome, we are no longer alone, for we find that our innermost self is the spirit, that it is God, the indivisible. And suddenly, we find ourselves in the midst of the world, yet undisturbed by its multiplicity, for in our innermost soul we know ourselves to be one with all being" (Hesse, 1974).*

Participants talked about the journey of consciousness that is spirituality and the ways it appeared in their lives. David explained, "….if I can look at spirituality in one word it's that I've gone from unconscious to conscious…". According to Natalie spirituality appeared as a "…consciousness of being more in the moment…". For Deborah, it emerged as, "… an openness and an awareness of how the spirit works in my life and also in others", and a knowing that, "[spirituality] is there all the time and it's just a matter of my paying attention to it". Consciousness was apparent as participants became "open to infinite possibilities…and infinite learning" (Brenda), "…let go of self-doubt" (Scott), and "… establish[ed] personal power in my life and let go of certain impediments or parameters that I think are stopping me…". And finally, conscious intent became visible in participant relationship with others, "it manifests in my life through my meeting up with people during the day and the situations that I'm involved in, and when I pay attention to the mechanics or the experience of the situation and how it works…." (Marie). Relationships were also characterized with a giving intent, "… in my relationship with people… I'm conscious of some kind of role that I'm supposed to fulfill every hour of the day" (Elizabeth).

Emotional Lives

Manifestation of spirituality could also be seen in the emotional lives of participants. Participants acknowledged a sense of "grounding" and "rightness" in their lives. Their stories also demonstrated love and acceptance, hope and faith, connection and belonging, peace and joy, compassion and forgiveness and freedom.

Love and acceptance were present among participant stories. Marie shared, "I feel a lot of love, total acceptance…". Many also recognized their personal role in attaining love and acceptance as Brenda described, " being accepted for who I am but that was impossible until I could accept who I was instead of trying, pretending that I was who other people wanted me to be. "It's the love that I feel coming from God-through him. I have never felt that unconditional love before".

For all participants, hope and faith were central components of spiritual manifestation. "I believe truly and know beyond a doubt that God's goodness and providence is with me always. That itself is hope… it's belief and sure knowledge that God is there" (Cynthia). Several variables influenced the presence of faith in participant lives. First, "faith is a gift, I think I have to work at it to a degree because the human side of us can take over and say we don't' really need that" (Scott). Second, faith required action and activation, " I can have all of the faith in the world, but if I don't' have some action around it then nothing happens… the actions are my changing attitude…" (David). Third, faith was anchored by past experience, "past experience [helps] activate faith in my life…. I am able to look back and say well this evolved out of that and that evolved out of this and God was in my life at this moment and He led me in this direction…" (Natalie). And finally, faith was strengthened by difficult times, "when I should've maybe given up all hope… that's when my faith strengthened. I had nowhere else to reach but to God" (Brenda). "God would never allow something that is beyond my strength…" (Cynthia).

Connection and belonging were common themes in participant stories. Natalie shared, "the moment of total connectedness…God moment. You're just having a moment that you know is different, that the entire quality of your existence and your being is different in that moment, and its good. … It's light and connected…. [It is] those moments when I feel connected to God that I feel the most connected to humanity and the world".

Interestingly, while participants felt a strong connection, their stories typically marked of a struggle to feel a sense of belonging. Many participants described their lack of a sense of belonging particularly in the earlier stages of their lives; "in this world, I think I don't fit in anywhere" (Marie), "to tell you the truth, I'm not part of this world…" (Brenda), "honestly, I'd rather be dead, I'd rather be a spirit… I am so much more comfortable in the spirit world" (Natalie). Other participants found a sense of belonging in their roles, " I have a rootedness in what I set out to be. My role in life being the married state, I am very conscious of family life and rooted in that… these things give me a sense of belonging" (Deborah).

Through spiritual growth and development, over time, participants found a sense of belonging, "… I didn't feel that I fit into society or had anything to contribute in any way… now I know I can be a better companion, I can give more in my relationships, I can be more productive at work, I can help in different communities… it's that whole psychic change for me that gives me a sense of belonging" (David). Ironically, while spirituality nurtured a sense of belonging on one level, with increasing levels of spiritual growth and development participants "… have to search for people who are on a like path" (Marie).

Spirituality also manifested as peace and joy in participant lives. Natalie shared, "… in my experience the peace comes first because there has to be a total letting go of attachment to outcome… I experienced incredible peace and then that's when my life opened up and I got to have some joy". Participants refined the concept of joy, "… the joy that we have isn't necessarily the thing, the outward laughter…, but rather a deep sense of peace and connectedness with life." And participants shared some of their joyful experiences; "just to be able to experience life to the fullest…" (Marie), "the sun coming through the window" (Elizabeth), "beautiful trees outside" (Scott), "listening to music" (Cynthia), "enjoying ice cream" (Elizabeth), "living on the farm" (Brenda), "giving myself a massage" (Marie), reading a book" (Natalie), "going out dancing" (David), and "little children" (Deborah).

Some other manifestations of spirituality for participants were compassion, forgiveness and freedom. Participants described their feelings of, "[sadness] for other people who have experienced so much tragedy in their lives, and wonder[ing] and question[ing], why they have to go through this kind of stuff" (Elizabeth) and their actions, "when I see the pain in the world it bothers me a lot… we're all part of the world and we can reach out. I can pray and trust that eventually within time all this will be wiped out. … that's tapping into my compassion and love for people that are suffering" (Deborah). Several participants talked about being invited to forgiveness through their spiritual path. Scott described, "when you have hate in your heart you cannot share because you cannot forgive, grief doesn't leave you if you cannot allow forgiveness in… my heart wanted to come out of my chest". And some participants described how the spiritual journey led to freedom. "I feel freedom… when I'm in a spiritually fit condition when regardless of what's going on outside of me, I am able to handle it and be okay with it…. I'm free of the problems in my mind and free of the outside world and free of circumstances" (David).

Beliefs and Values

Beliefs and values were a common manifestation of spiritual growth and development in participant stories. Participants discussed the role of spirituality in shaping their beliefs and values. For most participants their beliefs and values emerged through gradual evolution, while others were catapulted by painful circumstances, "I didn't really believe in anything until I came to the point of serious crisis..." (David).

For many participants personal beliefs and values were synonymous with religious beliefs and values. In this regard, participants referred to teaching of the church, the Trinity, the Sacraments of the church, and religious based moral behavioural codes such as non-marital sex, and the non-use of artificial contraception. Despite the majority of the participants being committed to an organized religion of some kind, there was a general "… openness to all other religions and… a recogni[tion] that every faith has a different set of values" (Natalie).

Participants also shared many non-religious based beliefs and values that governed their lives. Participants' beliefs and values regarding a Higher Power included such things as , "… the God of my understanding just gets wider and wider. So to me it's infinity" (David), "all that we have, everything is a gift of the Creator…. I have been drawn into the mystery of the Divine because I can do nothing by myself, absolutely nothing…. So all of life is a gift…." (Cynthia) , and "… there's power out there greater than ourselves and it's available to anybody on the planet, but it's a matter of being open to it…" (David). Participants also believed that "…. all of nature is sacred" (Scott) and that everything is connected, "there isn't anything you can do that doesn't affect everything else" (Brenda). Regarding humans, participants believe that "… men, women and children are created in image and likeness of God, so therefore we are innately good" (Cynthia), and "everybody is fine the way they are- there are no really bad people they're just afraid and acting on the fear" (Marie). Participants also believe that "…. we can coexist as human being on the planet, peacefully and abundantly, and that means everybody… every nation, every person, every culture, every religion" (Natalie). Further, they believe that, "everybody is equal", " [has] a right to be treated fairly", and "[has] an equal chance to what [they] want in life, to attain what [they] want" (Marie). These latter beliefs also lent themselves to value issue of justice and social justice among many participants. Finally, participants strongly believed in the importance of family and family relationships.

Spiritual Experiences

Another way that spiritual growth and development manifested in participant lives is through various spiritual experiences. According to the literature, a spiritual experience is any experience of one's former frame of reference that results in greater understanding, compassion, knowledge and /or love (Benjamin & Looby, 1998, p. 94; Chandler et al., 1992, p. 170). Not surprisingly, perception of what constitutes a spiritual experience and actual spiritual experience varied among participants.

All participants described spiritual experiences of synchronicity and guidance and intuition. They shared stories of various circumstances in their lives when everything mysteriously came together or the next steps in their lives simply fell into place effortlessly. For example Marie spoke about a significant life and career change, "…. I had about four different areas that I was interested in even if it needed further studies… and then I was phoned and actually invited into this (pastoral care) position". The spiritual experience of receiving guidance and intuition is a regular, in some cases, daily occurrence for participants. In addition to receiving spontaneous intuition, participants often, "have a conversation with my Higher Being and ask for guidance" as described by David.

Several participants described having strong spiritual experiences while being present to the processes of life. In talking of birth one participant shared, "… I got to cut the cord… that was wonderful and I felt special… It was spiritual, something that made me even more connected" (Marie). Another spoke of her experience with death, "when I have been with people… who are seriously ill or dying, I just have this sense that it is a sacred time and it is a privilege for me to be there. God's using me or not, and I just need to be able to accompany this person through whatever they are experiencing … knowing that I can't do anything, except be there. To say anything is to diminish their reality" (Cynthia).

To a lesser degree, some participants had experiences in the realm of significant spiritual awakenings. Cynthia vividly recalls, "when I was a very young child before I went to school, I remember I was in bed and I don't know if I was dreaming. I remember talking to Jesus and I had the sense that he was right there". Scott described a recurring dream starting in childhood, where he was visited by an enormous white and wild goose. It was only as an adult, that Scott became aware that in Celtic spirituality the wild goose is regarded as a manifestation of the Holy Spirit. Natalie was bedridden for two days where she experienced a significant spiritual healing. And finally, Cynthia also recalled several experiences while on spiritual retreat where she saw and talked with Jesus. These experiences served to summon and strengthen participants deeper into a spiritual relationship with themselves and a Higher Power.

Cynthia and Natalie also talked about having visions. During a thirty day retreat, one participant described "dancing with Jesus and fall all over His feet… I remember laughing out loud. I just had this sense that he was holding me up cause every time I turned around I was falling all over His feet".

Purpose and Calling

> *"... I began to feel, it's strange isn't it? very strongly that I was a special person, and that I had a special mission and God needed me.*
>
> *(Elizabeth- research participant)*

The search for and realization of purpose was common to all participant stories of spiritual manifestation. Participants recalled at some time or other in their lives struggling to determine and understand their calling. Such comments as, "I don't have an idea of what my purpose is now" and "my search is for my purpose in life" were typical for several participants who were in the midst of searching when we spoke. Other participants were actively engaged in fulfilling their purpose.

Several themes were common regarding participant purpose and calling including; development of gifts and talents, evolving and changing purpose throughout life stages, and service to others. Participant stories revealed an abundance of talent in such areas as audiovisual, counselling, body work, intellectual pursuits, mothering and pastoral care. While many participants, "… realized that being a mother would probably be [their] highest calling in life…" (Natalie), they also knew that other life stages would mean other callings. A common theme in participant stories was also the service. In fact, the level of service seemed to increase over time.

All eight participants were open in sharing their highest understanding of their purpose and calling. Brenda, Elizabeth, Deborah, Marie and Natalie were blessed and called to be mothers. These women had additional callings as a judge, healers and providing pastoral care. Natalie, a healer shared, "… I want to work with kids who have been sexually abused and possibly prostitutes. That's my ultimate long term, is to combine body work and spiritual work in psychology". Another mother, Brenda, was in the midst of struggling to determine her next purpose since her children were now adults, "I'm not sure yet, maybe it's get other people to, to have that experience.. to have freedom….or maybe if anything, it's mentoring young mothers". David was a gifted counsellor, while Scott the other male participant, was in the midst of determining how to incorporate his calling toward audiovisual work and spiritual direction. Cynthia, the last participant, described her calling as follows, "… the choice is that I have no choice… my calling is pure gift, very humanly packaged, but it is still pure gift. It is something that I could never dream up on my own. It is something that I could not sustain on my own. It is something so sacred…. It is who I am… and that was probably the pearl of my initial calling to the religious life...".

Spiritual Lessons and Learning

Spiritual learning and lessons were another common manifestation of participants' spiritual growth and development. In telling their stories, participants identified many things that they had learned on their spiritual path. Acceptance of the lesson was also recognized as an important part of spiritual growth and development. In general, there were four common themes among the spiritual lessons that participants named including learning about a Higher Power, self, others, and the spiritual journey itself.

Participants shared a few of the important lessons they had learned about a Higher Power. Participants declared to "… love God as our neighbour and know that God loves you" (Cynthia), and that "there is love, unconditional love…[and] it is available for everybody…" (Marie). Participants recognized as Cynthia described that, "… the hardships and the difficulties… those are the times and the opportunities that I have to discover and to rename and to focus my need for my God". Participants spoke of trust as explained particularly well by Natalie, "...we have a tendency to want to control things in our life, which has to do with manipulating the outcome and one of the things that I've learned on my spiritual path, [is that] when you're trusting God and you're trusting that the outcome that God wants is for everyone's best interest all the time, then you have to learn to rest on that trust". Further, participants believed that, "God's vision is always way better [than our own]… we think we know ourselves but God knows us so much better" (Elizabeth).

Participants talked of spiritual lessons they had learned about themselves related to personal growth such as, "…to take those little pieces of me that are self-centred and egocentric and needy and demanding and unnecessary… and move beyond them so that they don't control my life" (Natalie), "learning not to think that I'm right all of the time", and "… being not so judgmental" (Brenda). They talked about, "… learning about myself and what, what was really stopping me… it wasn't everybody else. It wasn't the circumstances. It was fear" (Brenda). And they talked about responsibility, "… realizing that I am responsible to a lot of what happens to me. It's not out there. It's not other people" (Marie), and "… the best challenge I have ever had in my life was to make me understand responsibility, understanding what work is really about, it isn't just a wage, you've got to enjoy it" (Scott).

Participants talked of spiritual lessons they had learned about themselves related to spiritual living. Deborah mentioned her need, "to watch how I'm influenced by people and things". Many participants talked about the importance of, "… to be grateful above all else" (Elizabeth), and to "live each day to the fullest and then let it go" (Cynthia). Participants shared their struggles to find balance and wholeness about "…. the whole sense of learning what is spirit, and how does spirit work… what is this whole aspect of our spirit that we say as human beings we're mind, we're body, we're spirit" (Natalie). And participants spoke of understanding their personal resources, "… with the help of God and other people I have a lot more strength than I ever gave myself credit for" (David) and "… everything is inside of me for my own spiritual well-being" (David).

Participants also shared some spiritual lessons they had learned about others. They spoke of the importance, "to recognize that all people are God's people" (Deborah) and that "… we all have the right to our spiritual beliefs" (Marie). Participants talked about learning about participating and contributing in relationship with others. David shared, "… I can get out of my self-centredness and selfish ways of approaching life and be more of a father than I ever was, more of a brother than I ever was, more of a companion than I ever was" and "… to be sensitive to the needs of others around me, and to [have] an appropriate response to their needs …" (Elizabeth). Participants shared lessons of connection, "… I learnt that I could feel like part of the human race again", and "[I recognized] that on a spiritual level, we're all totally connected" (David). Participants also talked about their lessons regarding loss, "… when people die, I think of them as going to be with God, the God that created us. So instead of grieving for a long time… I can turn it around and be happy for them…" (Deborah).

Finally, participants shared spiritual insights and lessons they had learned about the nature of the spiritual journey itself. Learning was seen as part of the journey as Cynthia discussed, "…when I've made mistakes or come up against something that had been a difficulty, [I am able to ask] the Lord, what it is I am supposed to learn from the experience…". Pain is also part of the journey, "… struggle and pain are part of the journey" and "… from pain, I can feel more joy, more contentment and more peace…" (David). Participants talked about the conflict of the physical and spiritual, "… the whole spiritual paradigm is about being able to raise up out of the heaviness of the physical world… to be in the world but not of it" (Natalie). Further, they recognized that, "…you will only ever have as much as you can handle without being totally repressed by your belongings…. I [can] get caught up in the material world very quickly …. [there is] energy around abundance" (Natalie). Finally, they shared learnings about destiny, "… there are no accidents…" (Marie), and "… if something comes up and it doesn't work out, then that means I'm not, I'm not supposed to be there" (Cynthia).

Other

Another aspect of spiritual manifestation, that was not common to all participants, but is nevertheless worthy of mention is concerned with the potential for obsession. Four participants including Brenda, Natalie, Marie and Deborah described such an experience to varying degrees. One participants spoke about the pull to give yourself over to the spiritual realm, "it's extremely dangerous … it's going deep, deep into your subconscious level". And three other participants spoke briefly of having a relationship with a member of the clergy at some point in their early spiritual development that had obsessive aspects. The participants described difficulty separating the intense emotions of spiritual awakening from the relationship.

Health Promotion

"I think the spirit ties into every aspect of my life.
When you talk about health, I think it goes to the spiritual health
to mental health, to emotional health to physical health
and if I don't take care of my spirit, then it's going to manifest itself
and it'll manifest itself physically as the last resort...
So by taking care of the spiritual, I'm taking care of everything else".
(David, Research Participant).

Participants very clearly described spirituality as health promoting. While they did not use such language, their stories and reflections characterized spirituality's positive influence on health and well-being. In analyzing the experience of participants regarding the relationship of spirituality to health, ten themes emerged. Spirituality was characterized as a) central to well-being. Spirituality was described as influencing \ several aspects of health and well-being including; b) integration and wholeness, c) self-perception and beliefs, d) inner peace and emotional balance, e) courage, inner strength and coping, and f) self care and health practices. Spirituality was also seen as influencing health and well-being through g) relational supports and connections, as well as through h) spiritual support and surrender. Spirituality was described as instrumental in influencing i) illness and healing. And finally, spirituality was seen as a vehicle for j) service and the healing of others.

Central to Well-Being

> *"[Well-Being is]...being holistic, mind, body, and soul in harmony,*
> *and that to me is one round ball*
> *and unless it's round,*
> *you cannot so to speak play with it, toss it and have it bounce and so on".*
> *(Deborah, Research Participant)*

Spirituality was central to well-being in participants stories and reflections in several ways. First, spirituality was included in participant definitions of well-being. Further, participants described characteristics of spiritual well-being specifically. And participants described the importance and role of spirituality in achieving well-being.

Collectively, participant stories offer a fairly comprehensive description of well-being. Almost all participants including, Elizabeth, Marie, David, Deborah, Brenda and Natalie discussed well-being in terms of different aspects ie. physical, mental, emotional and spiritual. Natalie offered the following representative description,

> "... well-being is made up of different aspects. The physical is comprised of a feeling of power with one's body and a feeling of being able to get out there and use one's body to effect specific things. ... the mental part is being clear in one's mind as to how life works and being clear in a positive way and stay with the positive as much as possible...there's a social part, connecting with others and giving and receiving with others...then there's the spiritual core,... and finally there's the emotional, and trying to stay emotionally balanced without overreacting to things as they come up...".

Participant responses also referred to other aspects of well-being. For example, Natalie shared, "…my experience of well-being has a lot to do with… what my mind is doing, what my emotions are doing…. With a consistent level of energy…". David's description included, "well-being means feeling okay about myself and about others, and about the way the world is. It's taking care of myself…". While, Marie, described, "well-being [as] a feeling of acceptance of oneself and where they are in life at the time. With this acceptance, then there's a confidence that they can do what they want to do or set out to do". Scott spoke about well-being as "…being healthy, where I'm not dependent on drugs or allergy medicine, or any of that stuff. It's to be independent of anything extra".

Several participants also discussed the possibility of well-being and illness co-existing. A response by Cynthia captured this concept particularly well. "I know people who are living with chronic illness who have a good sense of well-being because they have a positive attitude towards life. They have a positive regard for themselves. They are able to continue living with a joyful heart and a positive outlook despite their aches and pains and the limitations that they endure".

In addition to describing general well-being, participants discussed spiritual well-being. Participants revealed the following compilation of characteristics as representing spiritual well-being including "a relationship with a higher power", "a basic faith [in God or a Higher Power]", "a connectedness with other people", "a sense of grounding in one's own life", "a sense of being loved, honored and respected", "peace… calm.. joy… laughter, and a sense of humour", "acceptance", "courage and hope" and "an ability to integrate whatever happens". Spiritual well-being was also characterized by somebody who "doesn't know it all… who doesn't have all the answers and is searching themselves", "looks after themselves", "takes responsibility for their life", "follows an ethical code", "who doesn't judge… is accepting of everybody, every situation", "makes mistakes", "doesn't have ego", "experiences life to the fullest", "can smile in the face of pain", and "has the words to be able to help somebody". Spiritual well-being was also marked by flow, "… the ability to move through life peacefully- where things happen all the time but they happen without a lot of conflict or angst…. You don't have to put a lot of energy into things … things just fall into place…" .

Participant stories also revealed strong beliefs about the importance of spirituality in achieving well-being. While the language varied, all participants described spirituality as the central component of well-being. Deborah shared, "… spirituality plays a part in my life in that it will help me to be where I can be my highest self... including my health", while Cynthia remarked, "if my spirit is intact, then my body easily follows along". Marie noted that, "… without spirituality, I wouldn't have health and well-being", while Scott explained, "… my well-being has to include as a priority my spirituality… whatever the weaknesses in my human side, the spirituality will help, will allow me to keep moving…". Natalie also shared, "…inner spirit gives me a sense of well-being. And that sense of well-being is a sense of connectedness to my higher power first and foremost and that is my spirituality". David's story provided a fitting summary, "when you talk about health, I think it goes from spiritual health, to mental health, to emotional health to physical health. If I don't take care of my spirit, then it's going to manifest itself and it'll manifest itself physically as the last resort… It'll come out in the form of some sort of illness or whatever. So by taking care of the spiritual, I'm taking care of everything else".

Integration and Wholeness

> *"Integration means the creation of an inner unity, a centre of strength and freedom, so that the being ceases to be a mere object, acted upon by outside forces, and becomes a subject, acting from its own "inner space" into the space outside itself" (Schumacher, 1977).*

A common theme among participant stories was the integrating power of spirituality. Brenda, Deborah, Marie, Cynthia, Scott, Natalie, and David all talked about the integration in their lives resulting from spiritual growth and development. Cynthia summarized the sentiment nicely, "well it's pretty basic, [spirituality] is where I can find the values that I live by. It colours everything else … it's the piece that integrates everything else and makes it a cohesive whole".

Generally, participants referred to two levels of integration in their lives. They talked about spirituality becoming integrated in individual aspects of their lives ie. relationships and work. And they talked about complete integration across all aspects of their lives. In most cases, the integration had a developmental progression as described by Natalie.

> "I think I'm in a transition… I have put spirituality at the core of my life. So the vision I get is like spokes in a wheel. So the spirituality is at the core and everything else comes from there…. what I've found is now all of a sudden I have this overlap. I'm realizing that having [spirituality] at the core of my life is

> limiting..... What I'm moving towards now is for it to be all encompassing. So that it's totally integrated. So that there's absolutely no difference between my spirituality and my work or my spirituality and my family or my spirituality and my relationships… it's one and the same".

Participant stories revealed that integration resulted in feelings of wholeness, integrity and balance in participant lives. Participants described their lives as whole, "containing all components; not divided or disjoined; sound; [and] healthy" (Webster's, 1984, p. 1317) and attributed this to spirituality.

And all participants referred to the importance and benefits of balance in beliefs and in behaviours as described by David, "balance, emotionally, physically… so much work, so much play, so much quiet time, so much with people, so much without people. So much time to develop my passions…so much for just being domesticated… some goals and some dreams".

Thoughts and Self Perceptions

Another common theme among participant stories was regarding spirituality's influence on self-perceptions and beliefs. While this area was not specifically identified in all participant responses, its general theme was found in all participant stories. Specifically, participants discussed changes to their thoughts and self-perceptions. As Marie explained, "[spirituality] has helped me change the beliefs in my life. Change the thinking that can bring me down".

Deborah, Scott and Cynthia described changes in attitude, as outlined by part of Cynthia's story, "… my positive attitude, as derived from spirituality and spiritual practice… makes a difference on my health". Two other participants also spoke about spirituality's influence on the weaknesses of the mind. David shared, "I believe there's any day that can hit when my mental defences can break down and I will be in a place where everything looks so black and dark, that it'll take somebody else to pull me out or an intervention from God….. if I maintain what I'm doing [spiritual practice], when my mental defences break down I'll have enough tools. Natalie also shared, "… the mind is very weak and impressionable… and easily led, so I think it's important to feed our minds consciously … I have to make time and discipline to feed my mind with spiritual ideas and thoughts…. spiritual practice and discipline helps to program my mind …".

In telling their stories, four of eight also mentioned the importance of spirituality in shaping self-perception and self-worth. David's story described the impact of poor self- esteem, "that is the spiritual awakening for me is that coming from the unconscious to conscious. I wasn't aware of the effect of self-esteem and lack of self-worth and the amount of guilt and shame. I mean it was crippling …". Several other participants described the influence of spirituality. Brenda shared, "...for me the spiritual has helped me to recognize that I am important, that I have things to offer, cause there was a lack of self-esteem …". Marie commented, "[spirituality] has helped me change my …feeling of being unworthy… once I started to open up to spirituality, I could see that there was no reason for that. Some people say we're gods ourselves. You don't have to go that far… there's no reason to doubt that no matter what, it's not about the body. It's about the spirit…. I'm more spirit than body". And Natalie described, "[through spirituality] I discovered this peace that I could live peacefully within myself and that I didn't have to have myself or hate getting out of bed in the morning or have that self-loathing or disconnectedness…."

Finally, in sharing their stories, all participants described the concept of intuition. One of the ways that participants related intuition to health was regarding increased self-awareness. For example, Marie shared, "through spirituality, I have such a strong connection to [my] physical self that [I] am very aware of what's happening in my body".

Inner Peace and Emotional Balance

Participants revealed several themes related to spirituality's health effect on their emotional balance and inner peace. Elizabeth, Deborah, Scott and Marie all mentioned the preventative nature of spirituality regarding self-doubt. Marie offered this, "the [spiritual] practices help me. By maintaining a sense of peace within myself… then I'm not questioning myself or going into self-doubt…".

As previously discussed all eight participants described the importance of solitude. Deborah declared, "more than anything else, the world needs to get how to be silent…", while Natalie shared a more personal perspective, "I'm at the point where I understand if I'm feeling emotionally unbalanced, I need to pray. If I'm feeling mentally unbalanced, I need to pray. If I'm feeling a little bit scared, I need to pray…".

Five of eight participants including Brenda, Deborah, Marie, Natalie, and David, discussed the role of spirituality in developing emotional perspective and detachment in general and particularly in difficult situations. Brenda outlined that, "[to be] compassionate, but still keep your emotions under control… [this is part] of what mature spirituality is. Spirituality, I think gives you that emotional control….". David's story described two possible perspectives, "spirituality has shown me… that on a physical level… I run on emotions. On a spiritual level I can look at [things] objectively and say what is the best way to approach this or treat this person in the long term for their own well-being".

Several participants also discussed the concept of acceptance including David, Natalie and Cynthia. The following excerpt from Cynthia's story provides some insight, "…when there are times that are difficult… [spirituality is the means] to be able to accept whatever should come. Now when I say accept, I also mean to engage in whatever is going on, not just kind of lie back and play dead, but to engage in the process at the time".

All eight participants also described letting go and releasing things as an important aspect of emotional balance and inner peace that spirituality facilitates. A quote from Scott described the importance of being present, "[spirituality] brings me into the moment… it releases all the bullshit of the past and all the affairs of the future. I think that is where all of the energy comes from- the releasing of the old stuff that we carry with us". And another quote from Cynthia speaks to the importance of forgiveness, "well-being [is] an ability to be forgiving and to allow others to forgive you so that whatever there is in life that is difficult can be let go of because resentments and small minds will just absolutely destroy somebody. They will destroy somebody faster than cancer".

Finally, a few participant stories including those of Natalie, Brenda, Marie and David described the spiritual contribution of recreating to emotional balance and inner peace. David's story offers this description, "so the peace and contentment comes from not putting myself in the same situations anymore, or the same relationships anymore… things that don't feel good to me or my well-being. This area is discussed further under the next heading of "Courage and Inner Strength".

Courage and Inner Strength

Another interesting theme in participant stories relates to the courage and inner strength derived from spirituality. Six of eight participants, including Brenda, Elizabeth, Cynthia, Scott, Natalie and David all shared stories to this effect. Each of these participants described the inner strength they derive from spirituality using phrases such as, "… I know that I have the gift of incredible inner strength so that I can deal with whatever comes"(Cynthia), 'I have the strength to get through difficulties no matter what happens in my life" (David), and "… composure… that I'm able to maintain when difficult things happen…" (Elizabeth).

Participants also described the extensive coping received from spirituality with phrases such as "… I think if I had poor spirituality, I'd be a basket case…" (Scott), and "[if] I'm struggling or in some distress, I can cope with that in several ways. I can see what it is I'm supposed to learn from the situation. I can see it as a way of being in solidarity with the poor who are in pain all the time or I can also see it as an opportunity to be one with the suffering of Christ" (Cynthia).

Finally, participants shared examples of spiritual courage in making significant life changes as described by David, "…through my spirituality I have the strength to face that reality, look at the truth of it and actually take action to do something about it. I thought of a lot of things all my life and wished that I could get away from a lot of things I did and the insanities but never had the strength. So my spirituality gives me strength to face the truth in any situation and that gives me the freedom from it and that freedom opens up opportunities that are more constructive and more healthy for me, that in turn is healthy for everybody else around me". Participants shared stories of spiritual courage in terms of overcoming addictions, leaving abusive relationships, death and loss, coping and healing illness etc.

Self Care and Health Practices

Probably the most common and well-articulated theme among participant stories regarding the positive influence on health and well-being of spirituality relates to the promotion of participant self-care and health practices. Before discussing these matters in detail several observations are worth noting. First, participants demonstrated a very comprehensive and holistic perspective of health and well-being that was at least partially the result of their spiritual lives. For example, Marie discussed the importance of, "balance between the inner and the outer, between the [physical] and the [spiritual]".

And second, participants could readily articulate their health practices and seemed to have a strong awareness of the interconnections that created health and well-being within their lives.

It is noted that while doing so will result in overlap with other categories, all aspects of participant responses are discussed here in order to demonstrate their comprehensive approach to health and well-being. While for our purposes, the various aspects of self-care and health practices have been categorized, participants were very clear that "all of the practices are interwoven into your health" (Brenda).

Physically, participants described various activities such as walking, tai chi, yoga, dancing, swimming, time to play, proper sleep and good nutrition. Several participants also noted that "through spirituality, I have such a strong connection to [my] physical self that [I] am aware of what's happening in my body" (Marie). Finally, Brenda, Deborah, Marie, Scott, Natalie and David also referred to the importance of physical surroundings and financial stability to their health and well-being.

All eight participants provided a long listing of emotional aspects to health and well-being. Within themselves, participants described the importance of "positive self-regard" and "being peaceful". Participants also described the importance of emotional support through good friends, "being on good terms with family members" (Deborah), "being part of a community" (Scott), and "having a known place that you call home" (Marie). Participants expressed the importance of "time, energy and attention in human relationships" (Natalie), particularly interacting with "people who are doing positive things and good things" (Elizabeth) and "people I can talk to who are on the same wavelength and look at my well-being first and foremost and wish me the best and support and encouragement in that" (David). Participants also described the importance of, "being reasonable about your expectations of yourself and others" and "having an ability to be forgiving and to allow others to forgive" (Cynthia). It is important to note that of all the areas discussed by participants, the emotional arena was the one most participants desired to improve.

Regarding mental health, participants discussed the importance of being mentally active and having what Elizabeth described as "scholarly pursuits". Further, participants described the importance of, "accepting reality" and "accepting personal responsibility" in achieving and maintaining health and well-being. Finally, all eight participants discussed the importance of paid and/ or volunteer work, particularly as it relates to serving others as critical to their health and well-being.

Spirituality was discussed by all eight participants in several ways as it related to their overall health and well-being. First, the importance of daily spiritual practice through silence, solitude, prayer and mediation was stressed. Second, participation in religious sacraments or their non-religious equivalent, particularly communion and confession, were regarded as critical to health and well-being. Third, participants talked about the notion of surrender and support received from a Higher Power. And finally, participants described the importance of feeling "…connected to a Higher Source, and through that Higher Source to feel connected to humanity" (Natalie).

Relational Supports and Connections

During the research interviews, all eight participants spoke intently about their relationships with others including recognition of the mutual effect of spirituality to relationships and relationships to spirituality. According to participant stories, spirituality has a strong positive influence on their health and well-being through relational supports and connections in many different ways.

Social support and contact was the most common theme among participant stories. In fact, all eight participants described the important role such support played in their lives. Deborah was very clear simply stating, “I need people”, while Natalie offered a more descriptive summary, “I need good friends that I know that when I get on the phone and they ask me how I am, that I know that they really care and that I can tell them what’s wrong and they’re not going to feel sorry for me or they’re not going to try to solve my problems. But they’re just going to share that moment with me and if they’re in a position to offer help they will, and if they can’t offer help they won’t”.

Further, David shared some insights relating to his changing perspective on relationships, “… by interacting with people who are doing positive things and good things… I never thought that, that’s an attitude change for me…. Do I need support? Damned right I do. Because if not, I’m gonna get really depressed, really lonely and I’m probably going to go through those feelings anyway but somebody’s going to tell me yes, it’s okay for you to be depressed right now… It’s new ways of coping with life”.

Several participants, including Brenda, Cynthia, Scott, Natalie, Marie and David also described the existence of relationships and social support even from a distance. An excerpt from David's story offers some understanding. "[She (mother)] prayed religiously and, I think I became more conscious of it, and it was sort of praying that kept me alive for a long time and her faith and her trust and who loved me unconditionally".

Finally, it is important to note that several participants including Brenda, Elizabeth, Deborah, Marie, Scott and Natalie all noted their desire to develop this aspect of their relationships more fully. For example Deborah shared, "I have often wished I would have a better support system", while Natalie shared, "[relationships] are probably my weakest area… I have to learn to trust that God is going to bring people into my life that I can have social relationships with when the time is right".

All eight participants also described the strong sense of connection and belonging they derived from relationships with others. Natalie shared that, "…relationships with other people [is what creates that sense of belonging]". Scott described the experience of strong connection with someone, "…if their soul tends to be similar to mine and I meet them. They can be way over the other side of the room but it's like a north and south pole. I gotta talk to them [because I am so pulled]". And Cynthia and David described the impact of spiritual connection on their connections with others, "…spiritual connectedness is so important- I can't be connected in isolation" (Cynthia), and "…spirituality makes me conscious that we're all connected and it's all just one energy flowing through all of us" (David).

Another theme among participant stories regarding relational supports and connections was the role of relationships as catalysts for emotional and spiritual growth.

Natalie offered the following description, "… a lot of my process has been moving away from being a loner … my relationships are part of my spiritual growth and development… I do believe that God touches us through other people and that as human beings, that's how we experience God… [human relationships] push you to grow and that's part of spirituality".

While this theme has already been discussed in several other sections, two additional insights are offered here. First, is the notion that participants perceive a significant correlation between their spiritual and emotional growth and their ability to develop meaningful relationships. Again, Natalie's words are reflective, "I'm just sort of on the verge now. I mean I've done all this healing and now I'm on the verge of hopefully being able to have really joyful, meaningful relationships with human beings….".

Second, four participants including Brenda, Deborah, Natalie, and David all discussed the role of spirituality in helping them understand and develop appropriate boundaries in their relationships. David offered a powerful description,

> "boundaries are for me, they have nothing to do with anybody else. They're for my own well-being and what I allow in my life… Am I going to have somebody in my life who causes me emotional abuse because I don't care enough about myself for my own well-being or am I in a place where I care enough about myself and my own well-being that I am not going to let that person abuse me. So the boundary is to have as healthy of people in my life as possible…. to take care of my own well being and take care of myself. Spirituality helped me to

> create those. I always go back to it and think that that's been my saving grace. It's been my salvation. To look at myself and know my limitations as well as my strengths and to live within my limitations and also take those limitations and turn them into strengths".

Another theme in participant stories relates to the level of consciousness that is present in relationships as a result of the spiritual lives of participants. Marie explained, "I use my spiritual connection if I'm having a problem with someone. I turn whatever it is over to a Higher Power and then it just seems to me that when I'm with that person or in that situation, I get what I need in a very positive way… It has [also] helped me to see people beyond their lives. It's helped me to see the whole picture and try not to judge them and judge myself".

A final aspect of the relational supports and connections for participants concerns service to others, which is an important outgrowth of spirituality for all eight participants. In the word of Natalie, "I have the heart of a servant at a personal level and a humanitarian level". This aspect has been discussed in both the Manifestation and Health Promotion sections.

Spiritual Support and Surrender

In telling their stories, all eight participants also described the importance and value of spiritual support and surrender in several ways. In addition to having a sense of not being alone as a result of surrendering to a Higher Power, participants talked about trusting in their capacity in whatever difficulties life brings. Cynthia described it this way, “I know that God is, walks with me. I know that God does not lead me in a place where He isn’t with me. He won’t give me anything that I can’t handle and on occasion He’s heard from me, now Lord you can stop this right now. That’s it. I’ve had enough. I call it the statute of human limitations has been met and surpassed”.

Participants also talked about the sense of serenity that resulted from surrendering matters to a Higher Power. Deborah provided this description, “I can trust the things that I do not understand, the Lord will handle. So I look at the larger picture and trust that God… I can put it in God’s hands and step back and say within time things will work out. I may not have insight into what I’d like it to work out to be so I trust… There’s a sense of not being emotionally burdened. …. I’m peaceful….My main reason for being peaceful is trusting that God is in charge, is leading and guiding me”.

Finally, participants recognized that part of the surrender was receipt of support and assistance where required. As Marie explained, “…there’s a stability… a recognition that I will always get help when I need it”. David elaborated, “[when] I need help and help comes from a higher power and puts people in my life to help me through those areas and struggles and stuff when I get into them so I have strength to go through them regardless of what happens in my life…”.

Illness and Healing

Another health promoting aspect of spirituality for participants relates to their relationship with illness and healing. In telling their stories participants revealed their concept of illness, concept of healing and also their experiences of healing. In addition, all participants discussed the influence of spirituality on their connection to self. As Marie explained, 'through spirituality, you have such a strong connection to your physical self that you are very aware of what's happening in my body".

Not surprisingly, participants had varying concepts of illness. Some participants, particularly Natalie felt strongly about not focusing on illness. She explained, "I'm not a good person to talk to about illness cause in a lot of ways I just don't believe in it and like one of the things is I don't vaccinate my daughter. I don't because I really believe that God made us whole. I believe that he gave us the mechanisms to heal our bodies. I believe that what we do with our minds creates our reality and I believe that if I vaccinate my daughter I am basically setting her up for illness". While others like Deborah simply saw illness as a part of life and a part of one's spiritual journey, "the reality is that we will encounter illness to a greater or lesser degree. I see illness as being a part of life.... Illness is a lack of wellness. Something that I don't really appreciate or honour or even recognize that from the pain I will have growth. I know that when you have illness there are good things that can come from it".

Several other participants offered another perspective of illness that related specifically to spirituality. Scott's description is reflective of that of others, "... if I were to let go of my trust and my love in Christ, that to me, I would be very ill at that point, and I suspect everyone around me would see it... [As far as] describing illness in the human aspect in the body, I don't know about that one because we can all get ill.... I do feel [illness] is at two levels and I think [illness] at the spiritual level is more serious".

In telling their stories, participants shared some of their thoughts on the meaning of illness. All eight participants saw illness as an opportunity for a review of one's life as described by Cynthia and Marie respectively; "... a cause for someone to look at one's whole life. I think we can all take a look at behaviours, attitudes which are not life giving, which are not healthy", "I don't know if there is any meaning to illness at all. I think that illness happens... however, I think that the meaning of illness for me can get me to look at what is happening in my life at the time without judging the illness".

A number of participants shared their thoughts about what creates illness. Brenda explained, "I think illness is when people haven't been loved properly... the illness ethic comes from, from not being accepted for who you are, not being able to be that. And it's [often] the people that are most supposed to love you, most supposed to be taking care of you, that sometimes they're the problem. Illness is just not feeling down, it's not being able to express who you are, so it's being expressed in the disease". For Scott, "illness means that something is missing, something is lacking [in one's life]". And for Natalie "the first word that comes to mind is blocked, like blockage. Like attachment. There's attachment to something that your body is manifesting, you know physical symptoms because there's an attachment to some idea or some thought or some emotion that is being held in your body that is not moving. There's a lack of movement within your body".

In reflecting on her own experience with illness, Marie talked about fluctuating perceptions. "So when I look back on having melanoma then, for the longest time people told me be spiritual - be conscious of fear and angry feelings.... I read a book while I was going through the experience of recovering from the surgeries where the author said that she had a patient that God came to and told this patient that her cancer had spread because she was afraid throughout her life to speak up to her husband. I just threw that book across the floor I was so angry. I thought that was so cruel. Don't ever, ever tell a person that. I don't support that, but in time I went back and I was finding myself believing that yeah, it was because I didn't speak up so it caused all of these dense feelings and created a density and heaviness in my body and now I'm at the point where no, I was, no the cancer was caused by the sun".

In discussing their concept of illness, a number of participants also talked about an individual's ability to influence illness. Marie shared the following regarding her concept of illness, "I would describe [illness] as being a combination of things. For me illness is something that I can influence myself through, to a point, eating and looking after myself. Second, I consider illness to be a dis-ease with certain circumstances or feelings that bring me down. And thirdly, I think illness sometimes is caused by what we're set out to go through in our lives, ... it's part of our life path". While for David, "mental and emotional illness eventually creates physical illness... so if I look at the balance of it all, and I take out you know the abusive situations out of my life, if I take abusive substances out of my life.... the absence of those things gives me the benefits of preventative medicine... and then if I put up boundaries for my own emotional and mental well being and I give my body the proper foods it needs, the proper exercise ... I honestly believe I have control in the areas through just living a little better to take of illnesses that may manifest themselves anyway, but they may take longer to manifest".

Participants were eager to discuss their concepts of healing. Most participants clearly articulated that healing occurs, or can occur at more than one level as described by Cynthia. "I think there is a physical healing, you know you fall and break your leg, well eventually it will heal if all your body systems are working, but I think there's an even greater healing of mind and spirit. When you come to peace with whatever is at the core, whatever is eating at you".

Participants shared their thoughts and ideas of areas of importance to healing. Several participants including Brenda, Elizabeth, Deborah, Scott and Deborah discussed the importance of one's attitude in healing, "by not focusing on it being horrible". Deborah and Scott talked about the importance of trust respectively; "trusting... trusting that things will work out however, they're meant to, including if that means death" was also important to healing, "acknowledging that something is missing to start with... which means that I am opening myself up to trust. If I can open myself up to trust, then what I need in terms of strength, which is available to me at anytime, and hope will either ease the illness or cause the healing."

Deborah talked about the importance of moving forward despite illness as critical to healing, "I think getting on with life. I wouldn't think of lying around and saying I need to rest. I also would recognize that I need to move. I need to move on this. I cannot remain stuck in my thoughts or in my body... I would search for things that I can look forward to and hope to achieve after I have my full recovery".

Many of the participants including Brenda, Marie, Elizabeth, Cynthia, David and Natalie discussed the relationship of healing to changing perceptions. Brenda explained it this way, "healing occurs by shedding a lot of our ideas of what we think things are supposed to be like". Natalie also offered her thoughts on the importance of the changing thoughts as they relate to and create illness.

> "I think that we don't always realize how broken we are or how much healing we need to go through to get to be that person, so there are certainly times in my life when I've struggled and not necessarily felt like I was on a spiritual path but in retrospect I can see that there was growth and there was change and I was moving towards this vision but I just had to sort of get rid of all the stuff that was weighing me down in the meantime... I definitely think the long term vision is this core sense of who we are in our highest self I think is really the voice of our soul... And then there's this whole healing that comes in, this healing of the mind which allows us to move beyond our limitations... I need to focus on what is my soul telling me cause what my mind is telling me is limiting, so therefore I need to stay in contact with what my soul is telling me".

All of the participants discussed the important of balance in life, and in particularly slowing down amid our busy lives. Marie explained, "I think one of the first steps [to healing] is being honest and I also think it's important to be realistic and to realize that you don't have to be perfect. You don't have to respond to all those demands. You don't have to do whatever is causing you anxiety, or do something in your life to alleviate whatever it is. ...". Natalie offered some related personal experience, "... in my own life, I've noticed that a lot of time when I get ill, and I don't get seriously ill, but I'll get a cold or I'll get stuck like that thing I had in my throat all last summer. For me a lot of time when I get ill, it forces me to slow down cause I'm very big on self-care and I don't medicate myself. So I will slow down and I will sleep and cut back on my commitments and I'll realize- oh my goodness, I was going a little too fast there. I need to slow down and rebalance".

While several other participants talked about the importance of forgiveness with regard to a spiritual way of life, only David discussed forgiveness specifically with regard to its relationship to illness and healing. He shared, "a lot of healing happens through forgiveness of myself and others, for me, and the other part of healing is not doing the things that I did before. Practicing the spiritual way of life and it's being a little better human being and understanding how wounded I had become as a result of my actions, really being consciously aware of the damage that things did to me in my psyche...".

Most participants including Brenda, Deborah, Marie, Cynthia, Scott, Natalie and David also discussed the role of the divine not only in their lives, but in relation to illness and healing. Cynthia felt strongly that divine intervention played a role in healing, "because it's the grace of the moment to be able to identify, to recognize, to acknowledge, to forgive whatever. I think there are also miraculous cures. And there's also a cure of conversion- a change of mind and heart, change in mind and heart... It's the grace of the moment but there's also another piece of the response. You can choose. I can choose to stay mad at you". Natalie expanded this notion by sharing some specifics from her life, "I have blind faith that God will heal my body. Part of it is being active in my health care. Like when I go see a massage therapist it's really tempting to lay down on the table and just let them work but lots of times what I'll be doing is I'll pray. I'll be praying and through it and especially if it's something that's particularly painful or where I'm particularly stuck or blocked, I'll ask God to take it from me or to show me what I need to see that I'm not seeing or to help me release things that I'm hanging onto or whatever. But there's a very active process of asking God to be part of my healing process...".

In her wisdom, Marie shared her perceptions of the possibility of healing (even beyond illness, ".. .healing can occur beyond an illness... just because I develop a point of view of healing where I feel loved by a higher power and I feel a sense of belonging, that's healing, but that doesn't mean when I have an illness, I'm going to heal by that power... There's a cure, like the cure for an illness... what's important here is to heal the dis-ease but not the disease. The dis-ease in one's mind and one's spirit".

Finally participants talked about their own experiences of healing. Seven of the eight participants relayed stories regarding such experiences in their lives. The stories ranged from the simplest ease of spirituality to full-fledged healing. Scott spoke of the influence of spirituality in reducing or alleviating symptoms. He shared, "...because I enjoy my heart and my soul, and my spirit ah, the little pains and grievances that our body has, I find they go away on their own, you know.... My heart, my spirit, my soul in a way can lessen any physical symptoms I might be experiencing".

Natalie talked about her healing experience of learning to be in her body. ".. .When I was 27 yrs old I learned to be in my body. So I'd wake up in the morning and I'd make myself a cup of coffee... and I'd go and sit in my chair... this is how I found God. This is what I tell people. How did you find God? Sitting in a chair drinking coffee... I'd sit and drink coffee for as long as I felt like drinking coffee, and I would literally sit there until my body, not my mind, not my mind saying you should get up, you should go to work, you should get dressed, you should brush your teeth, you should go buy groceries. There's no shoulds. It was I'm sitting in this chair and all of a sudden my body would get up and it would start moving".

Natalie also talked about her experiences in dealing with and healing mental illness in her life. She started by describing her experience of mental illness, "... when I'm feeling isolated, things get big for me and very heavy and very convoluted and then my experience of life becomes, sort of comes through this filter of what I would call mental illness. On the physical plane, what that manifests as is not being able to sleep, or sleeping too much... of not being able to work, not have enough money, not having functional relationships, being in abusive relationships, and recently even being abusive in a relationship which is a whole other dimension of experiencing life that I never thought I'd every have to go through". And then she talked about healing this part of her life. "I mean it wasn't peaceful as I was experiencing it but I would experience it for as long as I had to experience it and what I realized was it always went away. If I had a day when I was depressed and I had to be in bed for three days, I laid in bed for three days. But then it would go away.... I conquered mental illness without drugs and one of the reasons I was able to do that was because I gave myself permission to lay in bed for three days. Complete self-care".

Scott and Brenda both talked about the healing role that prayer and sacrament had played in their lives. Scott relayed his experience after years of having sinus pain on his right side, "Father Tom came in to visit me at the hospital prior to surgery. He prayed over me. After ten days in isolation, I had no pain and I have not had pain since". Brenda shared her experience of serious difficulties with acne being completely healed following the reversal of her husband's vasectomy.

And Brenda talked about the role of sacraments in healing for both herself and her daughter. "I've had the sacrament of the sick twice... It might not give you a physical healing right then and there. It'll actually start from the inside out, but I think all diseases stem from the inside. By the time they go to the outside it's just that much worse". "What happened to my daughter where she didn't need the surgery after she had the sacrament of the sick was a miracle.... I think it happened on the inside, where she actually had some healing from a Divine source".

David and Natalie talked about their experience of spirituality healing their beliefs and perceptions. David explained, "I guess I had tried to commit a slow form of suicide but I was unconscious of it... However, I was too chicken to commit suicide and I couldn't see living this way of life. So at that point it was just God help me, God help me, God help me. I went looking and I was willing....... So that was a big change and then when I finally surrendered and I said I need help and I started telling people that I need help...". While Natalie shared, "... things started to shift for me because I saw things differently. I saw that my life could be different. I saw that I could be a different person and that if I was a different person, my life would be different... that everything is happening in our life as a result of who we are and that's very hard to get your head around when you're in a victim mentality".

Natalie also talked about the relationship between having integrity and having healing. She shared the following story about an extremely difficult period in her life, "... when my daughter was sexually abused, that was probably the time of my most severe suffering of my life.... but that is when I took my strongest stand. I mean that's when I lost my whole family [for having confronted the perpetrator]. ... I believe that my willingness to stand up for what I knew was right despite the circumstances and I believe that that opened the door to healing because God said you're really serious about this shit. It's like God sees that in you and He knows what's in your heart and He sees you're really serious about this and you know what? This is what you get for being faithful and true to me. You get to live a life of righteousness and wholeness and you get to have this awesome family and He is going to heal my daughter".

In sharing their stories, many participants talked about the relationship between their spiritual practices such as meditation and prayer and healing. Participants unequivocally sensed the relationship but had great difficulty articulating it. This excerpt from David's story was the most insightful. "I don't know how I know it but, it's like regardless of what I'm thinking in my head, that there's shit and stuff stored in my body that gets released through spiritual practice and through sharing with others and becomes more enlightening and stuff. So physically, as a result of that, what it gives me is more energy.... For example, [spiritual practice] brings me into the moment and today, so it releases all of the bullshit of the past and the affairs of the future. And I think that is where the energy comes from. That's the releasing of the old stuff that we carry with us".

Finally, Natalie shared this story about a profoundly significant healing experience in her life. ".. .God cast demons out of me last summer. If you read the Bible, Jesus didn't just heal people physically of their illnesses, he cast demons out. And the casting out of demons was, if you read the descriptions in the Bible, mental illness. And what happened was, I studied theology for four months at university and was extremely grounded in the word and I was extremely grounded in my faith and I was so clear of the fact that my faith is what makes me whole. My faith that God can heal me is what make me whole and I knew that I had experience with mental illness and I knew that I had demons that needed to be cast out of me, and I was at that point in my life where I basically, I was just ready to be healed. And I was homeless last summer and ended up living with some people I know in Calgary who are fundamentalist Christians who are very spiritual and charismatic and the pastor in their church was extremely charismatic and he prayed for me- it actually didn't happen when he was praying for me, it happened when I was alone. I was alone, with my daughter, in this house and my friends had gone on holidays and I got sick and I had been through experiences where I've had things come off of me. It's always accompanied with this nausea and puking and diarrhea and there's an actual physical illness that accompanies this energy transfer that's happening, and I was sick for two days".

Service and Healing of Others

A final way that spirituality was seen by participants as health promoting relates to the service and healing of others. All eight participants saw themselves not only serving others, but serving in the healing of others through their various roles, employed and otherwise. As mentioned earlier, research participants function as counsellors, spiritual directors, body work therapists, trusted confidants, hospital chaplains, and group facilitators.

A couple of select excerpts from their stories demonstrate their service and healing of others. Elizabeth talked about her role as a trusted confidant in helping others find clarity and healing, "I'm able to give very easy advice or comment or response and that's happened I would say even in the last couple of weeks... there's enlightenment that I bring to situations because of my vast background seems to come to light whenever these questions arise in people's lives". Deborah described her role as a hospital chaplain, " I'm in a prayer setting so when I enter the room and see my patients I ask them if they would like us meaning the Chaplain (pastoral care) to come and visit, pray of bring them daily Communion. ... that's my main ministry is to recognize their spiritual well-being, their spiritual needs in other words. Spirituality is the focus of my work". And Natalie talked about her healing body work, "... my vocation is healing and so that's one of the things that lead me to Christ, he was an awesome healer.... So I figure if I'm going to have a role model for healing, Christ is going to be my role model and if I'm going to try to heal people, I'm going to try to do it the way Christ did it...".

Summary of Findings

These findings represent the stories of eight participants. They were categorized using six categories and thirty subcategories as a meaningful way to capture the experience of spirituality and its relationship to health for participants. Participants experience spirituality as the innermost part of and *Core* of their being that is demonstrated through relationships with self, a Higher Power and with others including nature. Participants experience spirituality as an *Evolving and Expanding Process* of gradual progression through cycles of growth and change and various life stages as part of their overall spiritual development. Participants experience spirituality through the many influences of *Activation* and *Cultivation* such as Divine will, crisis, personal willingness and practices and rituals. Participants experience spirituality and its dimensions through the various aspects of *Manifestation* such as a sense of belonging, strong beliefs and values, purpose and calling, spiritual experiences and spiritual lessons and learning. Finally, participants experience spirituality as salutary, or *Health Promoting* in nature. Participants described the perceived effect of spirituality on their health and well-being in such areas as self-perception, inner peace, self-care and health practices, supportive connections and illness and healing.

CHAPTER V

DISCUSSION

"But differences in health status may not be simply explained by better health practices or family social support, trying to clarify why a spiritual or religious factor, among other factors, may influence health presents a genuine challenge" (Thoreson, 1999, p.292).

In order to fully utilize these findings, it is important to discuss them and examine them with regard to the literature and apply them to the larger context of health promotion. This is the act of connecting the individual story with the systemic context.

In this study qualitative methods were used to explore the experience of spirituality and the experience of spirituality in relationship to health. The researcher sought this understanding by accessing the individual story of persons who were healthy and spiritually mature. Specifically, the study's goal was to determine, ***"How do healthy, spiritually maturing adults experience spirituality and its relationship to health?"***

As outlined in the findings, it was determined that healthy, spiritually maturing adults experience spirituality as the core of their being, as an evolving and expanding process, and through activation, cultivation, and manifestation in their lives. It was also found that healthy, spiritually maturing adults experience the relationship of spirituality to health as salutary or health promoting.

Major Findings

In general, this research can be summarized into three main findings. First, spirituality was at the core of participant lives. It was a central and integrating influence in all aspects of their lives. Second, spirituality was developmental in nature. Participants acknowledged the ongoing process of spiritual growth and the journey of spirituality in their lives. They shared stories that related the aspects of activation, cultivation and manifestation throughout the process of spiritual development. And they even identified the next phases of spiritual growth that they were moving toward. Third, spirituality was deemed by all participants as salutary or health promoting in nature.

Findings as Related to the Literature

Spirituality as the Core of Participant Lives

In telling their stories, participants described spirituality as being at the core of their lives. Utilizing their perceptions and experiences, participants defined the concept of spirituality, its dimensions and its prominence in their lives. For the most part, these areas mirrored those discussed in the literature.

To begin with, participants' definitions of both spirituality and religion were almost identical to those in the literature. In both cases, spirituality was described as the larger concept involving personal relationship with self, others and a Higher Power, while religion was seen as a social construct that supported spirituality through incorporation of practices, beliefs and rituals.

Participant descriptions of spirituality also bore a striking resemblance to the aspects of spirituality provided in the literature. In the case of both the literature and participant stories the following aspects of spirituality were described: the experience and desire for the sacred; a capacity for inner knowing; a dynamic force; transcendence; integration and wholeness; sense of meaning and purpose; and connectedness, particularly with a Higher Power.

While their use of language was different, participants also described the various dimensions of spirituality as outlined in the literature. While not all participants spoke to each dimension, collectively their spiritual lives incorporated all ten dimensions. Participants described the ideological dimension through their spiritual beliefs and values. Participants described their religious and spiritual knowledge, doctrines and theology also known as the intellectual dimension. Participants spoke in depth about their search for meaning, purpose and truth in their lives as the philosophic dimension. All eight participants described various spiritual activities such as prayer, mass, meditation that constituted the ritualistic/ behavioral dimension. Participants shared many aspects of the experiential/ emotional dimension in describing the intuitive nature of spirituality and strong feelings of hope, love, and connection. Participant stories demonstrated the significance of connections with others, nature and a Higher Power through the relational/ connectedness dimension. The intrapersonal/ self-transcendent dimension was apparent in participants' relationship to themselves and their commitment to personal growth and development. Participants identified with the integrative dimension of spirituality, particularly in describing spirituality as being at the core. Participants also noted the presence of the social dimension of spirituality in their lives through religious affiliation and community. And finally, participant stories described the presence of the consequential dimension of spirituality in influencing relationships, marriages, workplaces, substance abuse, mental health and personal health and healing.

Of all these dimensions the one area that seems to be underrepresented in the literature compared with participant stories, is the intrapersonal/ self-transcendent dimension. The literature did not seem to place any particular emphasis on this dimension. However, as discussed under ***Relationship with Self*** and numerous other sections, for the participants of this study this dimension was a significant factor in their personal lives and their personal spirituality. For them it included such aspects as recognition of the spiritual self, integration of characteristics of the soul, catalyst for personal growth in areas such as self-esteem, personal coping, the importance of solitude and reflection, development of emotional intensity, changing values and priorities, personal authenticity and coherence, and development of meaning and purpose and mindfulness and consciousness.

Spirituality as Developmental in Nature

In revealing their spiritual lives, participants clearly demonstrated the developmental nature of spiritual growth. Their stories revealed the various aspects of spiritual needs, spiritual growth and its facilitation as well as spiritual development. Again there were significant similarities between participant stories and previous literature. However, there were also several places where these findings offered a slightly different or fuller perspective.

Participants easily articulated characteristics of their spirits and their spiritual needs. Participants described many needs or "factors necessary to establish and/or maintain a person's dynamic personal relationship with God (as defined by that individual) and out of that relationship to experience forgiveness, love, hope, trust and meaning and purpose in life" (cited in Stoll, 1989, p. 14-15). Participants described similar needs to those represented in the literature including: the need for meaning and purpose in life; the need to give and receive love; the need for hope and creativity; the need for trust and faith in someone/ something outside of the self; and the need for forgiveness. Participants also considered silence and solitude; peacefulness; balance; connection with others and community; and consciousness to be other important spiritual needs.

In telling their stories, participants described many aspects of spiritual growth. While participants did not use the language or definitions as found in the literature such as spiritual growth, spiritual development, spiritual transformation, spiritual integrity and spiritual distress or crisis, their stories revealed ongoing aspects of all of these processes. Like the literature, a theme in participant stories was a cycle of growth encompassing such aspects as difficulty and turmoil, desire and pursuit of spiritual expansion, a period of struggle, faith, transition, equilibrium and outgrowth.

Much like the literature, participants stories revealed the dynamic nature of spiritual growth that was demonstrated by such models as the Two-Directional Growth

Process by Carson (Figure #1) and the Spiritual Well-Being Model by Hood-Morris (Figure #2). In fact, it is my opinion that the compilation of participant stories offers an even more detailed and complete understanding of spiritual growth than is currently provided in the literature. For participants, spiritual growth resulted from ongoing, dynamic interaction within three areas of relationships/ or connectedness (with a Higher Power, Self, and Others including Nature) and various aspects of Activation (Divine will, significant events, major influences and barriers), Cultivation (personal willingness and capacity, practices and rituals, knowledge and direction, awareness and meeting of spiritual needs) and Manifestation (conscious intent, emotional lives, beliefs and values, spiritual experiences, purpose and calling, spiritual lessons and learning).

Participant stories also revealed a great deal about spiritual development. Unlike the literature which essentially provides a number of stage models of spiritual development, participant stories portrayed a much more expanding and evolving process. While at certain points in telling their stories, participants described various points in their spiritual journeys using similar terms or descriptions that were comparative to the stage models shown in Appendix One, overall their experiences seemed to suggest a more dynamic process to spiritual development.

In contrast to these linear models, I would like to present two less known models from non-academic readings that are more reflective of participant stories of spiritual development. The first, suggested by Joan Borysenko (1999), refers to a "circular process that is unplanned, unexpected, intuitive and irrational. It leaves room for God to change our path at any time and suggests that we are not always the 'doer'. Unseen forces and circumstances can provoke sudden transformation that comes through us, rather than from our own will" (p. 79-80). In this model, everything in a circle is 'equidistant' from the centre and development is not dependent on previous experience.

A second model, written about by Deepak Chopra (2000), offers a fairly accurate layering of participant experiences in knowing God/ Higher Power as part of their spiritual development. Participant stories revealed a number of important aspects regarding their relationship with a Higher Power including changing perceptions of a Higher Power, the daily experiences and emotional affects of said relationship, and participant roles in nurturing the relationship with a Higher Power. In his writing, Chopra depicts seven levels of knowing God and their corresponding questions/ challenges of self. These levels have similar characteristics and consistencies with the stories and descriptions provided by participants.

Figure #3 **Seven Stages of God (Chopra, 2000)** *Reprinted with permission of publisher*

Who is God?	Who Am I?	How Do I Fit In?	How Do I find God?	What is my Greatest Strength?
God the Protector	A Survivor	I cope: Flight or Fight Response	Fear, loving, devotion	Courage
God the Almighty	Ego, Personality	I win: Reactive Response	Awe, obedience	Accomplishment
God of Peace	Silent Witness	I stay Centered: Restful Awareness Response	Meditation, Silent contemplation	Autonomy
God the Redeemer	Knower Within	I understand: Intuitive Response	Self-Acceptance	Insight
God the Creator	Co-Creator	I intend: Creative Response	Inspiration	Imagination
God of Miracles	Enlightened Awareness	I love: Visionary Response	Grace	Holiness
God of Pure-Being	The Source	I am: Sacred Response	By transcending	Unity

One other important distinction worthy of noting regarding the stage models of spiritual development depicted in the literature that does not accurately reflect either participant stories or their experience of spiritual development. The stage models in the literature seem to focus primarily on spiritual development as it relates to a relationship with a Higher Power. Participant stories clearly described spirituality as also encompassing relationship with Self and relationship with Others including nature.

Spirituality as Health Promoting

Overall participants very clearly described spirituality as salutary or health promoting. This was consistent with the literature on perceived influence and perceived health. In general, participants seemed to have a strong awareness of the interconnections that created health and well-being in their lives. In all, participant stories and experiences regarding the relationship of spirituality to health revealed ten themes. Among other things, these themes offer additional insight into the mechanisms by which spirituality/religiosity is thought to influence health. They provide additional support for the five mechanisms currently discussed in the literature, and offer thoughts on other potential mechanisms.

To begin with, these research findings provide additional support that commitment to spiritual/religious teachings is believed to effect health behaviors ie. avoidance of such negative behaviors as smoking, drinking, and drugs thus lowering the risk of disease and promoting health (George, Larson, Koenig & McCullough, 2000; MacKenzie et al., 2000; Musich, Traphagen, Koenig & Larson, 2000; Mytko & Knight, 1999; Seybold & Hill, 2001). This is the most widely accepted and understood of all the mechanisms and not surprisingly it was the most common and well-articulated health promoting theme by participants.

While participants described a wide variety of self-care and health practices they were consistent in two ways. First, all eight participants were committed to and practiced a fairly comprehensive routine of self-care and health practices. Second, all eight participants believed that these self-care and health practices contributed significantly to their health and well-being.

In contemplating this mechanism further, based on participant stories and experiences, an additional point of discussion seems warranted. The literature details that it is religious and/or spiritual commitment that leads to good health promoting practices. While this is true, I also believe it is possible that good health promoting practices lead to religious and/ or spiritual commitment.

These findings were also consistent with the literature with regard to a second mechanism, namely that spiritual and/or religious fellowship provides a source of social support and social integration which results in a stress-buffering effect (MacKenzie et al., 2000; George et al., 2000; Musich et al., 2000; Mytko & Knight, 1999; Sullivan, 1998; Seybold & Hill, 2001). However, given participant stories and experiences this mechanism as currently outlined in the literature, does not seem to capture the entire effect of relational supports and connections that participants described.

According to participants, there are several other important aspects of this mechanism worth noting. First, participants described the strong sense of connection and belonging that they derived from their relationship with others. Second, participants perceived a significant correlation between spirituality and their ability to develop healthy and meaningful relationships.

Another mechanism from the literature that is supported by these findings involves theodicy, or one's spiritual/ religious beliefs creating a sense of coherence which provides meaning and purpose in life and a general understanding of one's place in the universe resulting in reduced stress and peacefulness (George et al., 2000; Musich et al., 2000; Sullivan, 1998). This mechanism is consistent with the theme derived from participant stories titled *Integration and Wholeness*. Generally, participants referred to two levels of integration in their lives. They talked about spirituality becoming integrated into the individual aspects of their lives such as relationships and work. And they talked about complete integration across all aspects of their lives. Further, they described the correlation between spiritual development and integration in the sense that increasing levels of spiritual development resulted in increasing levels of integration.

A fourth mechanism in the literature supported by these findings relates to the promotion of positive emotions and thoughts such as comfort, faith, hope, love etc. which impact the immune system (psycho-neuroimmunology) as a result of spiritual/ religious prayer and worship practices (MacKenzie et al., 2000; Musich et al., 2000; Mytko & Knight, 1999; Seybold & Hill, 2001). Participants described the sense of inner peace and emotional balance that resulted from various spiritual practices. In addition, to the promotion of positive emotions, participants described spirituality and spiritual practices as preventing self-doubt, supporting emotional perspective and detachment, encouraging acceptance and the letting go and releasing of things.

These findings also provide modest support for the final mechanism discussed in the literature related to the stimulation of life force through spiritual, mystical and other numinous experiences which enhance bioenergy (MacKenzie et al., 2000). Several of the experiences described by participants could be related to this mechanism. As David shared, "I don't know how I know it but, it's like regardless of what I'm thinking in my head, that there's shit and stuff stored in my body that gets released through spiritual practice and through sharing with others and becomes more enlightening and stuff. So physically, as a result of that, what it gives me is more energy.... For example, [spiritual practice] brings me into the moment and today, so it releases all of the bullshit of the past and the affairs of the future. And I think that is where the energy comes from. That's the releasing of the old stuff that we carry with us".

In addition to providing support for the five mechanisms that are already detailed in the literature, these findings suggest five other pathways by which spirituality might be considered to influence health. First, the very fact that participants consider spirituality to be *Central to Well-Being*, suggests it should be considered as a mechanism. Their belief that it is not only integral to their health and well-being but that it has a positive influence on their health and well-being suggests minimally that there is at least a placebo effect. Second, participants described the important role of spirituality in influencing their mental health regarding *Thoughts and Self-Perception*. More specifically, participants talked about spirituality shaping self-perception and self-worth, their general attitude about life, and their beliefs about life. Third, spirituality was seen by participants to influence health by providing them with *Courage and Inner Strength.* Specific influences to health described by participants included the extensive capacity for coping, and the spiritual courage to make life changes. Fourth, participants talked about the health influence of *Spiritual Support and Surrender.* They described the sense of serenity and support from surrendering matters to a Higher Power. Finally, the concept of *Illness and Healing* described by participants should be considered as another mechanism depicting spirituality's influence on health in a number of ways. Participants described that through their spiritual connection that they had an increased awareness of what was happening in their bodies. Spirituality also shaped participants' concept of illness to include not just physical illness but also dis-ease in the spiritual realm. In most cases, participants considered spiritual dis-ease to be the more serious condition. Participants also regarded illness as a reflection of deficiency and a call to healing. Spirituality also gave participants a strong sense of the possibility and actuality of healing.

The Spirituality and Health Promotion Model

An important part of research is to not only identify findings that support the literature or that clearly claim new contributions, but to also *recontextualize* the data into an emerging theory or model where appropriate, so that it is applicable to other settings and or/ other populations (Morse & Field, 1995, p. 128). To this end, participant stories and experiences regarding spirituality and its relationship to health are presented in the Spirituality and Health Promotion Model shown as Figures 4 and 5 on the following pages.

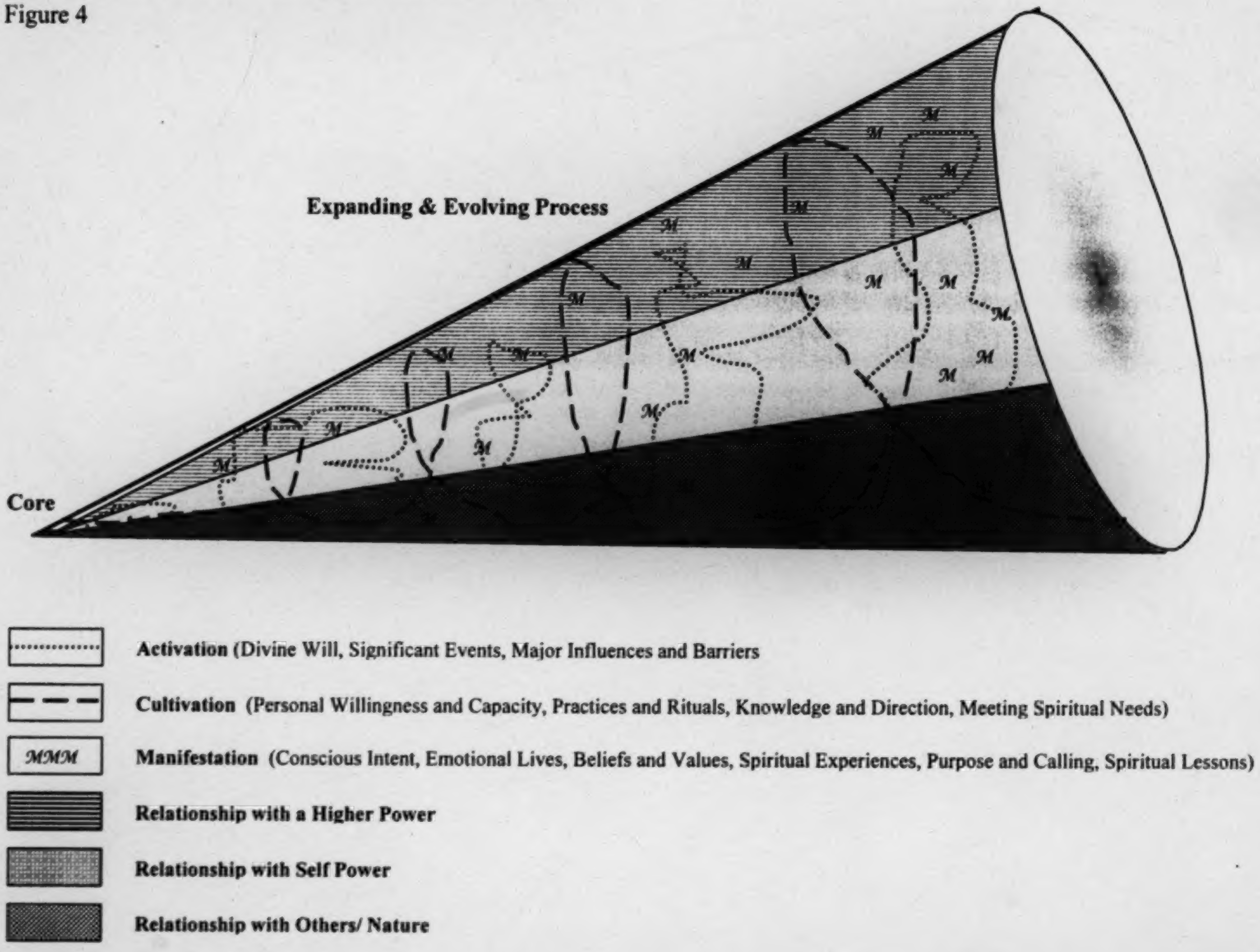
The Spirituality and Health Promotion Model is a two part model that captures the six categories as outlined in the findings including the *Core* and the three relationships of spirituality (relationship with self, relationship with a Higher Power, and relationship with Others including nature), *Evolving and Expanding Process*, *Activation*, *Cultivation*, *Manifestation*, and *Health Promotion*.

Part A of the Model portrays the experience of spirituality as described by healthy, spiritually maturing adults. Spirituality as the *Core* of people's lives is represented by a cone in the three shades of relationship with self, relationship with a Higher Power and relationship with others including nature. The developmental nature of spirituality as an *Evolving and Expanding Process* in seen in the widening of the cone over time and through spiritual development. Spiritual growth occurs through *Activation* and *Cultivation* which are shown through dashed and somewhat erratic and/ or circular lines throughout the cone demonstrating the organic nature of the spiritual growth process. Finally, small sized *M's* are sprinkled throughout the cone depicting the

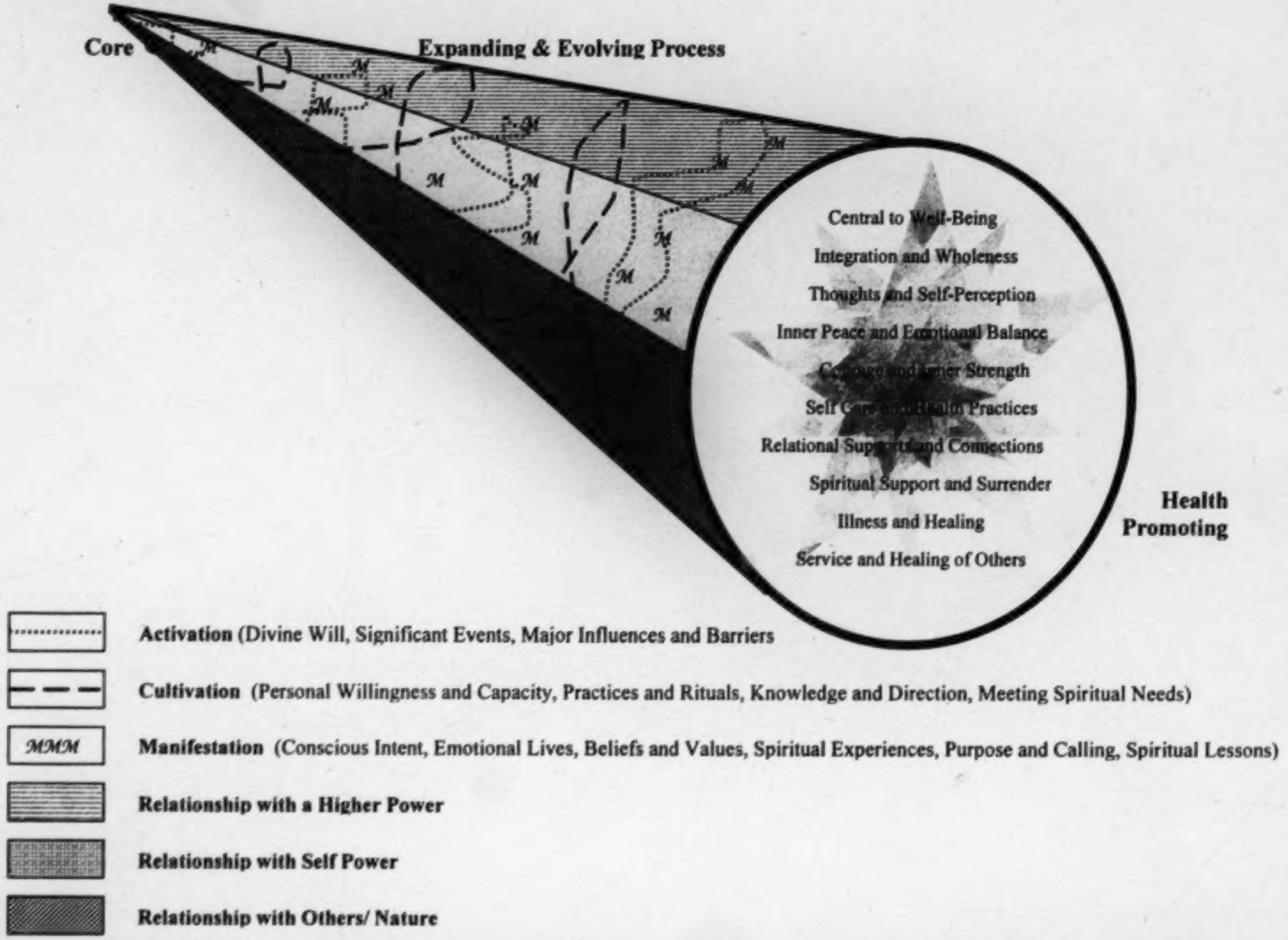
Manifestation of spirituality in people's lives. The increasing occurrence of manifestation over time and through development is also shown through the placement of the small sized M's.

Part B of the Model shows a different perspective that looks instead into the *Core* (or the cone's center). Graphically, the swirling vortex is akin to the dynamic effect of spirituality on health and well-being and represents the various areas that spirituality was described as influencing health or as health promoting by participants. The ten areas of influence are listed for the reader as follows: ***central to well-being, integration and wholeness, thoughts and self-perception, inner peace and emotional balance, courage and inner strength, self-care and health practices, relational supports and connections, spiritual support and surrender, illness and healing and service and healing of others.***

The Spirituality and Health Promotion Model- Part A
Figure 4


Expanding & Evolving Process
Core
M
Activation (Divine Will, Significant Events, Major Influences and Barriers
Cultivation (Personal Willingness and Capacity, Practices and Rituals, Knowledge and Direction, Meeting Spiritual Needs)
MMM
Manifestation (Conscious Intent, Emotional Lives, Beliefs and Values, Spiritual Experiences, Purpose and Calling, Spiritual Lessons)
Relationship with a Higher Power
Relationship with Self Power
Relationship with Others/ Nature

The Spirituality and Health Promotion Model- Part B
Figure 5


Core
Expanding & Evolving Process
M
Central to Well-Being
Integration and Wholeness
Thoughts and Self-Perception
Inner Peace and Emotional Balance
Courage and Inner Strength
Self Care and Health Practices
Relational Supports and Connections
Spiritual Support and Surrender
Illness and Healing
Service and Healing of Others
Health Promoting
Activation (Divine Will, Significant Events, Major Influences and Barriers
Cultivation (Personal Willingness and Capacity, Practices and Rituals, Knowledge and Direction, Meeting Spiritual Needs)
MMM
Manifestation (Conscious Intent, Emotional Lives, Beliefs and Values, Spiritual Experiences, Purpose and Calling, Spiritual Lessons)
Relationship with a Higher Power
Relationship with Self Power
Relationship with Others/ Nature

Findings as Applied to Health Promotion

"The spiritual dimension has a profound influence on health... However, spirituality has received scant acknowledgement in health promotion research and programs. Frequently, it is completely ignored; most often it is incorporated as a component of other variables, for example, coping, hope, and control. Often, it is an unanticipated outcome" (Boland, 1998, p.360).

This exploration regarding spirituality and health was framed within the context of two distinct inquiries: the individual and the systemic. While this research focused on the individual inquiry, systemic inquiry is also required to ensure full understanding. Such an inquiry requires consideration and application of the research findings to health promotion which is defined as "the process of enabling people to increase control over and to improve their health" (WHO, 1986, p.3). Five areas are discussed including recognition of spirituality as part of the individual, negotiating the spiritual realm, integrating spirituality into priorities and policies, incorporating spirituality into programs, services and interventions, and recommendations for further study.

Recognition of Spirituality as part of the Individual

The first task of health promotion professionals is simply to recognize spirituality as part of the whole of the individual. Such recognition would require not only the redefinition of health to include the concept of spirituality, but also the development and application of a definition for spiritual health.

Spirituality should also be considered for inclusion in the determinants of health which are a listing of factors that create/ and or influence health. Presently there are twelve such determinants, although the list continues to expand based on new research findings. The determinants include; income and social status, social support networks, education and literacy, employment and working conditions, social environments, physical environments, biology and genetics, personal health practices and coping, health child development, health services, gender and culture (Advisory Committee on Population Health (ACPH), 1994; ACPH, 1999). While it could be argued that the current understanding of the mechanisms with which spirituality influences health fall within the two determinants of social support networks or personal health practices and coping, there is value in considering spirituality as a separate determinant. The findings from this study certainly suggest that spirituality has a broader influence on health than represented by these two determinants.

It is important to note that recognizing the spiritual aspect of individuals does not assume that all individuals will be conscious and active in their spirituality and spiritual development, nor does it assume that all individuals will initially appreciate or request that spirituality be addressed in their lives and in their health care. One could argue however, that if research demonstrates that spirituality might well be a determinant of health, then failing to attend to this aspect of individuals as part of health care practice could be considered negligent.

Negotiating the Spiritual Realm

The second task of health promotion professionals is to contemplate, discuss and negotiate the spiritual realm. There is a great deal of context, both historical and practical, that complicates spirituality and its place within health and healthcare. There is a strong underpinning in our current healthcare to focus on the physical rather than the emotional, the psychological or the spiritual aspects. There is a division between church and state and the responsibilities of each that influences healthcare. And there is a great division of practitioner specialization in various areas such as nursing, social work, psychology, psychiatry, occupational therapy, pastoral care etc. Hilsman (1997) summarized this notion nicely,

> "Our entire healthcare system has been fashioned from a body-oriented perspective. Psychological problems are dealt with separately, and social and spiritual practitioners are seen as marginal to the main focus of care. Entire professions have developed from different perspectives of social systems, spiritual dynamics, psychological theories, and specialized medical practices" (Hilsman, 1997, p. 44).

If spirituality is an aspect of individuals and therefore health, in order to be effective in the "process of enabling people to increase control over and to improve their health" (WHO, 1986, p.3) health promotion professionals need to discern the place of spirituality in the lives of individuals, among professions and within the healthcare system. There is of course, no easy way to facilitate this. However, it is suggested that health promotion professionals, given their comprehensive perspective on health, might consider providing a coordinating role in such discussions.

Integrating Spirituality into Priorities and Policies

The third task of health promotion professionals is to integrate spirituality into health promotion priorities and policies resulting in appropriate attention and resources. While broadly focused, ideally there are five such areas. First, the importance and commitment to spiritual aspects of people's lives and the role of spirituality in holistic health should be evident in the mandates of healthcare organizations. Second, the importance of spirituality and its role in health promotion should be demonstrated across all aspects of healthcare and health services from mental health services to occupational therapy to intensive care and palliative care. Third, an important part of supporting this is to also develop and provide education regarding spirituality and its role in health to health care practitioners across all disciplines. Fourth, spirituality needs to be incorporated into the culture of the health system and organizations. This means ensuring that the beliefs, values and norms of the organizational culture support and promote spiritual well-being in individuals and teams. Finally, the spirituality and spiritual well-being of health care practitioners themselves must be supported. This relates to the ways in which healthcare providers cultivate meaning, purpose, balance and wholeness in their own lives and the ways by which healthcare institutions support the spiritual health of their employees.

Incorporating Spirituality into Services and Programs

The fourth task of health promotion professionals is to incorporate spirituality into health promotion services and programs in a several important ways. First, the spiritual well-being of individuals, patients, families, groups and communities must be given priority. It requires honoring the religious and spiritual beliefs, values, and practices of all and supporting the cultivation of meaning and purpose in people's lives. Second, the concept of spiritual care, meaning the recognition and caring of the spiritual aspect of another, must be cultivated, embraced and applied within health promotion practice. Third, part of spiritual care may also include the incorporation of spiritual assessments of which some instruments and discussion can be found in the literature (Anandarajah & Hight, 2001; Brush & Daly, 2000; Farran, Fitchett, Quiring-Emblen & Burck, 1989; Kuhn, 1998; Maugans, 1996; McBride, Pilkington & Arthur, 1998; Spaeth, 2000). Spirituality, spiritual well-being, and spiritual care must also be incorporated into services and programs across the realm of health care services from promotion and prevention through to intensive and palliative care.

Fourth, the concepts of health, illness, and healing must be reframed to include spiritual perspectives such as those provided by participants in this study. The result would likely be a substantial influence on health promotion services and programs. For example, incorporation of the notion that physical illness is a manifestation of an energetic illness (emotional, psychological, spiritual) would have significant effect on not only health promotion and disease prevention but also on intervention for patients with illness. Appendix Ten illustrates the relationship between physical illness and energetic illness as found in several non-academic writings. Another example would be incorporation of the notion that illness has meaning. Supporting patients to find meaning and purpose in their illness would support increased quality of life no matter the outcome of the illness. A third example would be commitment to healing through such things as changes in patient beliefs, health care practices, spontaneous healing or recovery, or through healing at an energetic level (emotional, psychological, spiritual)which may or may not result in altering the course of the physical illness.

Fifth, spirituality and spiritual well-being must be incorporated into programs at the individual, group, and community level. At the individual level spiritual support and care should be available as part of general health promotion services, not just in hospital settings but also community health settings. Group programs ranging from tobacco reduction and diabetes prevention all the way to breast cancer support groups should include spiritual components. And within the community, spirituality should be incorporated into community development programs such as but not limited to parish nursing programs (Boland, 1998; Brendtro & Leuning, 2000).

Recommendations for Further Study

The fifth task of health promotion is to continue with research in several suggested areas. First, additional qualitative research is needed to further explore the richness of participant stories. It is suggested that secondary analysis of the data be completed using a case study approach. Second, quantitative and qualitative research that studies and measures the results of various health promotion services and/ or programs that incorporate spirituality and spiritual components is required. Third, qualitative research that explores how individuals would like to see spirituality incorporated into health promotion practice and programs would be useful. Additional research in these areas will add to our understanding of how spirituality influences health and will also support the integration of spirituality into health promotion programs.

Limitations of Research/ Findings

This study has several limitations all related to the sample that should be considered not only when contemplating the findings, but particularly when contemplating the application of the findings. First, while data collection occurred until saturation was reached, it is important to recognize that a sample size of eight participants is relatively small. Second, that despite attempts to have diversity represented in the sample, there was some homogeneity given the number of females, the number of Caucasians, and the number of persons with an affiliation (past of present) with a Christian religion. It would have been interesting to compare and contrast participant stories and analyze findings given a more diverse sample of participants. It would have been of particular interest to the research to explore the lives of additional male participants.

Final Reflections

"At some fundamental level, health is.... a ground slate, a slate of wholeness which excludes nothing. It is lodged 'in' spirit; it is subsumed 'by' spirit. And the knowledge of health is made possible by spiritual awareness"
(unknown reference)

The intimate stories of research participants revealed many things regarding the experience of spirituality and its relationship to health. The major findings included spirituality as the core of participant lives, spirituality as developmental in nature and spirituality as salutary or health promoting. These findings were generally consistent when compared to the literature. However, they also provided a different and more complete perspective in areas related to the dimensions of spirituality, particularly regarding the relationship to self, the organic and dynamic nature of spiritual development and the perceived health promoting pathways or mechanisms of spirituality. The experience of spirituality and its relationship to health was also presented visually using the six categories and thirty sub-categories in the two-part Spirituality and Health Promotion Model. Finally, five recommendations were made regarding the application of findings to health promotion including recognition of spirituality as part of the individual, negotiating the spiritual realm, integrating spirituality into priorities and policies, incorporating spirituality into services and programs, and areas of additional research.

EPILOGUE

"Now I am nimble, now I fly, now I see myself under myself,
now a god dances within me" (Nietzsche, 1892).

In closing, I would like to share some of my insights about the effect and affect of this research on both participants and myself as the researcher. Doing so seems particularly honoring of the subject matter, since it recognizes not only the value of the findings that resulted from the research, but also the value of the process and its influence on those involved.

Throughout the data collection process a majority of participants remarked about the significant effects that participation in the study was having on their lives. Participants shared that the study provided them with an opportunity to truly and deeply reflect on their lives and in particular their spiritual lives. While many of them had regular opportunities to discuss spirituality it was never with such intimacy and depth. Often the result was new understanding and insight on an aspect of their lives or their spiritual selves. At a minimum, participants were able to further refine concepts and ideas. Several participants also talked about the healing impact of the research interviews. They spoke about how the research interview process allowed for the revisiting of an experience or a story in a new way that resulted in healing. Or they talked about the cathartic effect of seeing and understanding themselves as deeply spiritual. For several participants, the research interview process, and in particular insights gained as a result of the research interview process, also resulted in them taking action and making changes in their lives. For example, following the first interview, one of the participants took quick action and enrolled in university to pursue her passion.

Not surprisingly, the effects on me as the researcher were even more profound. First, I found great value in listening to the spiritual stories of others. Doing so helped me to better understand my own spirituality, my spiritual development, and my spiritual experiences. I got to see aspects of my own life using the lens of other people's lives and that alone was remarkable. Second, I also got to fully and completely experience another human being. While perhaps it was only for a short while, four or five hours in most cases, the connection and exchange of one person sharing and another listening was deeply moving. Third, through the subject matter and the intimate experience of participants sharing, I was called to do what I consider the 'holding of sacred space'. This meant holding emotional space through being fully present and empathetic to participants during the actual interviews. It meant sitting with their stories for hours at a time, listening to the tapes, sifting through the transcriptions. It also meant creating sacred space whenever I worked with the data which included burning candles and starting and ending all working sessions with prayer. Opening prayers focused on asking for guidance and support in ensuring that participant stories were honoured. Closing prayers were focused on appreciation and gratitude. In all these experiences I found myself deeply grounded and present to life, to others and to myself. Finally, the experience of doing research in this area further affirmed a growing passion and resulted in a commitment to continue work in this area although I have not yet discerned how that may in fact be manifested.

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Figure 6- Appendix One: Stage Models of Spiritual Development (Aden, 1976; Fowler, 1981; Genia, 1990; Westerhoff, 1976)

Westerhof	**Experienced Faith** (infancy-early adolescence)- children experience faith by interacting with others who are living a particular faith tradition.	**Affiliative Faith** (late adolescence) Adolescents actively participate in activities that characterize a particular faith tradition. The adolescent feels a sense of belonging, experiences an awe and wonderment, and acknowledges the authority of the faith community to which the adolescent belongs.	**Searching Faith** (young adulthood)- the young adult engages in a process of questioning and doubting his of her faith. Out of this struggle, the individual acquires a cognitive as well as an affective faith.	**Owned Faith** (middle adulthood-old age)- people desire to put faith into personal and social action, and they are willing to stand up for what they believe, even against their community of nurture.				
Genia	**Ego-centric Faith**- is characteristized by egocentricity, judgemental morality, lack of trust, poor relationship with a higher power that is based on need gratification. Prayer is primary petitionary while confession is done in fear of punishment.	**Dogmatic Faith**- is characterized by reciprocal exchange, morality and relationships among people and a higher power, a strong authoritarian belief-system, dogmatic adherence to creed and perfectionist performance of ritual.	**Transitional Faith**- is characterized by a morality of mutual interpersonal relations, doubting faith, introspection, and critical reflection of their belief systems and practices. Nor surprisingly confusion and emotional turmoil often accompany this stage.	**Reconstructed Internalized Faith**- is characterized by the reconstruction and internalization of a belief system and practices following critical analysis in the previous stage. Morality is guided by social contract. Individuals stuggle with ambiguity, and multidimensionality.	**Transcendent Faith**- guided by a universal principled morality and permeable psychosocial boundaries. Characterized by: transcendent relationship to something greater than self; openness to religiously different viewpoint, social interest and humanitarian concern, meaning & purpose in life, etc. etc.			
Fowler	**Primal Faith** (infancy) a prelanguage disposition of trust forms the mutuality of one's relationships with parents and others to offset the anxiety that results from separations that occur during infancy.	**Intuitive-Projective Faith** (early childhood)- imagination, stimulated by stories, gestures, and symbols and not yet controlled by logical thinking combines with perception and feeling to create long-lasting images that represent both the protective and threatening powers surrounding one's life.	**Mythic-Literal Faith** (childhood and beyond)- the developing ability to think logically helps one order the world with categories of causality, space, and time; to enter into the perspectives of others; and to capture life meaning in stories.	**Synthetic-Conventional Faith** (adolescence and beyond)- new cognitive abilities make mutual perspective-taking possible and require one to integrate diverse self-images into a coherent identity. A personal and largely unreflective synthesis of beliefs and values evolves to support identity and to unite one in emotional solidarity with others.	**Individuative-Reflective Faith**- (young adulthood and beyond)- critical reflection on one's beliefs and values, understanding of the self and others as part of a social system, and the assumption of responsibility for making choices of ideology and life-style open the way for commitments in relationships and vocation.	**Conjunctive Faith** (midlife and beyond)- the embrace of polarities in one's life, alertness to paradox, and the need for multiple interpretations of reality marks this stage. Symbol and story, metaphor and myth, (from one's own traditions and others'), are newly appreciated as vehicles for grasping the truth.	**Universalizing Faith** (midlife and beyond)- beyond paradox and polarities, persons in this stages are grounded in a oneness with the power of being. Their visions and commitments free them for a passionate yet detached spending of the self in love, devoted to overcoming division, oppression and brutality.	
Aden	**Faith as Trust** (infancy)- infant develops a basic sense of trust toward self and others. This may form the basis for trust in a higher being.	**Faith as Courage** (early childhood)- child learns when to "let go and talk hold", to affirm self in an undifferentiated way. This primitive faith allows an adult to feel affirmation of self in relation to a higher being.	**Faith as Obedience** (preschool)- child learns to balance self-assertion to the will of others. The child learns to balance inner desires with requirements made by others. This faith is ultimately translated into obedience to what are perceived to be the demands of a Supreme Being.	**Faith as Assent** (school age)- child seeks to master his or her universe and to be competent. This seeking of competence extends to knowledge and understanding of a Supreme Being	**Faith as Identity** (adolescence)- adolescent seeks ego identity, which consists of a realistic knowledge and experiences of positive correspondence between how he or she views self and how he or she is viewed by society. This gives a sense of unity to self. The successful accomplishment of this task allows the adolescent to view the self as worthy in relationship to a Supreme Being.	**Faith as Self-Surrender** (young adulthood)- the individual learns to give wholeheartedly in a reciprocal relationship. This actualizes the individual's need to give self to a reality that is larger and yet more basic than the thoughts and desires of the self.	**Faith as Unconditional Caring** (midlife)- the individual is faced with the challenge of making a significant contribution to humankind and becoming a proactive source of generation and nurturance. In relation to a higher being, the individual loves the being with all his or her heart, soul and mind.	**Faith as Unconditional Acceptance**- the individual is faced with the challenge of finding meaning in the face of physical decline. In this struggle, faith emerges as the affirmation of both the finite and the eternal value of life.

Appendix Two: Model Illustrations of Relationship Theories

Figure 7

Heirarchy of Needs
Maslow, 1970

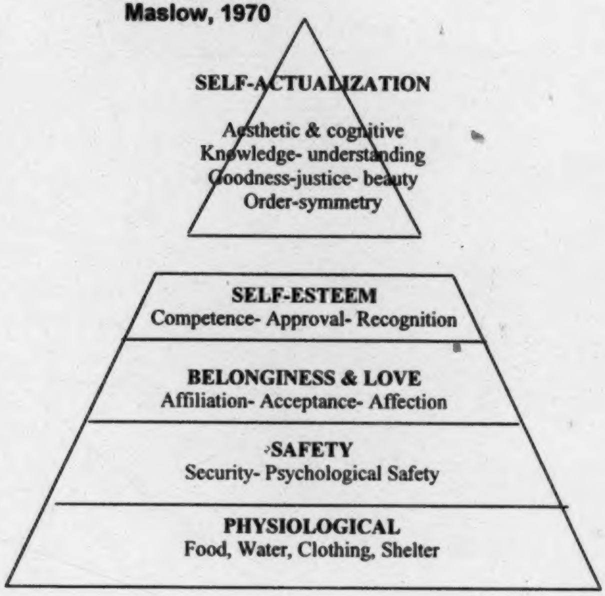
SELF-ACTUALIZATION
Aesthetic & cognitive
Knowledge- understanding
Goodness-justice- beauty
Order-symmetry
SELF-ESTEEM
Competence- Approval- Recognition
BELONGINESS & LOVE
Affiliation- Acceptance- Affection
SAFETY
Security- Psychological Safety
PHYSIOLOGICAL
Food, Water, Clothing, Shelter

Figure 8

Wellness Model
Adams et al., 1997, p. 211

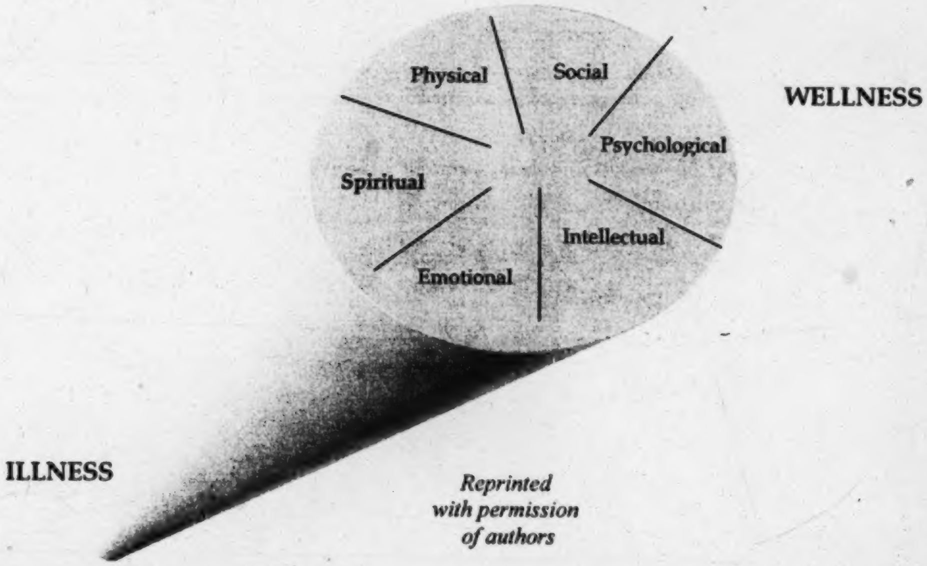
Physical
Social
WELLNESS
Psychological
Spiritual
Intellectual
Emotional
ILLNESS

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Figure 9

Wheel of Wellness and Prevention
Myers, Sweeney & Witmer, 2000, p. 254

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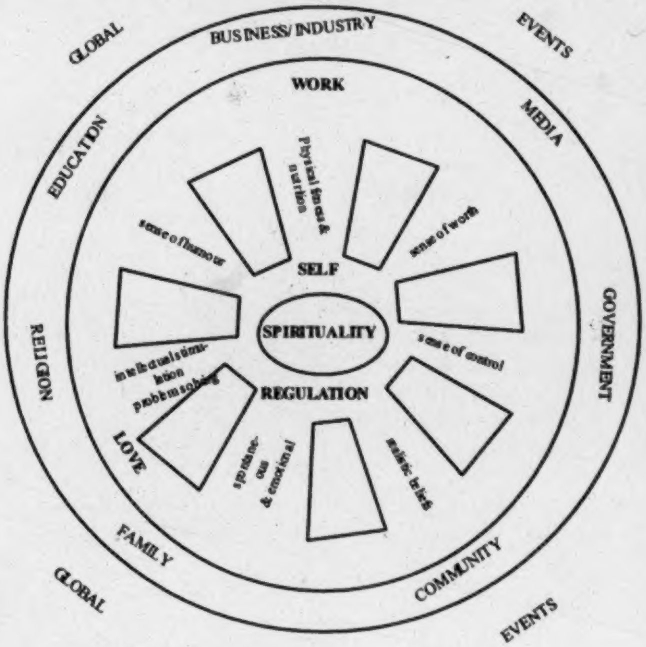
GLOBAL
BUSINESS/ INDUSTRY
EVENTS
MEDIA
GOVERNMENT
COMMUNITY
EVENTS
GLOBAL
FAMILY
RELIGION
EDUCATION
WORK
Physical fitness & nutrition
sense of worth
sense of control
realistic beliefs
spontaneous & emotional
LOVE
intellectual stimulation problem solving
sense of humour
SELF
SPIRITUALITY
REGULATION

Figure 10

Holistic Wellness Model
Chandler et al., 1992, p. 171

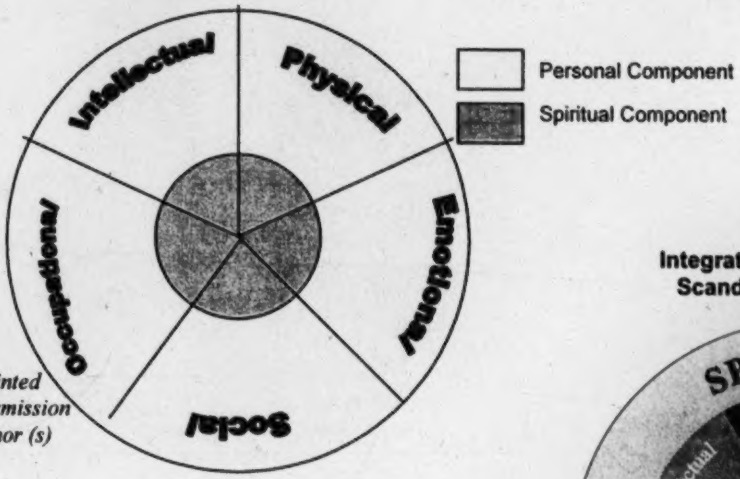
Intellectual
Physical
Emotional
Social
Occupational
Personal Component
Spiritual Component

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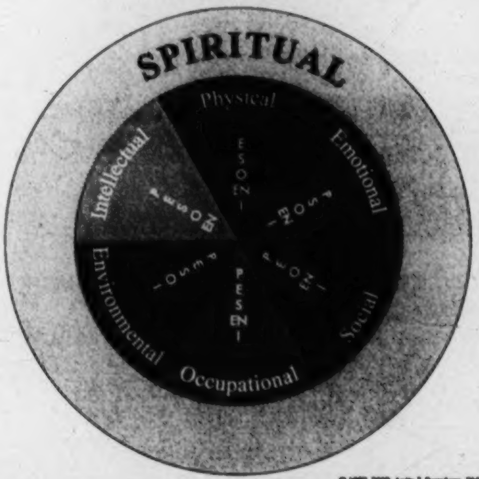
Figure 11

Integrated Wellness Model
Scandurra, 1999, p. 105


SPIRITUAL
Physical
Emotional
Social
Occupational
Environmental
Intellectual

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Appendix Three: Recruitment Materials

POSTER

[redacted]

RESEARCH PARTICIPANTS
NEEDED

Spirituality & Health

Research Participants are needed for a research study that explores the experiences of individuals related to spirituality and overall health.

The study seeks individuals:

- **For whom spirituality plays a central role**
- **Who have a general awareness of their relationship to others, including the divine, and**
- **Who consider themselves in good health**

Participation is confidential and voluntary

In conjunction with:
The Centre for Health Promotion Studies
University of Alberta

IF YOU ARE INTERESTED, OR WOULD LIKE MORE INFORMATION PLEASE CONTACT CAROLE (the researcher) AT *cell phone # tba*

COMMUNITY BULLETIN

Volunteers are needed for a study about spirituality and health. The study is looking for individuals for whom spirituality plays a central role, who have a general awareness of their relationships with others, including the divine, and who consider themselves in good health. Participation is voluntary and confidential. The research is being done with support from the Centre for Health Promotion Studies and the University of Alberta. If you

Appendix Seven: Socio-Demographic Information

The following information will be used to develop a profile of the characteristics of research participants.

Code #: ______________________ **Date:** ___________________________

Gender:

☐ Male ☐ Female

Age:

☐ 18-25yrs
☐ 26-35 yrs
☐ 36-45 yrs
☐ 46-55 yrs
☐ 56-65 yrs
☐ 66-75 yrs
☐ 76-85 yrs
☐ 86 yrs and older

Marital Status:

☐ single
☐ common-law
☐ married
☐ divorced
☐ widowed
☐ other ____

Education:

☐ no high school
☐ completion of high school
☐ college
☐ university- undergraduate
☐ university- graduate level
☐ other ____

Do you consider yourself affiliated with a Cultural Group?

☐ Yes ☐ No

If yes, please name, ______________________________

To what extent do you consider yourself a Spiritual Person?

☐ Very spiritual

☐ Moderately spiritual

☐ Slightly spiritual

☐ Not spiritual at all

How important is Spirituality in your life?

☐ Very important

☐ Moderately important

☐ Slightly important

☐ Unimportant

To what extent do you consider yourself a Religious Person?

☐ Very religious

☐ Moderately religious

☐ Slightly religious

☐ Not religious at all

Do you consider yourself affiliated with a Religion?

☐ Yes ☐ No If yes, please name, ______________________

How would you rate your overall health?

☐ Excellent

☐ Better than Average

☐ Average

☐ Somewhat below Average

☐ Poor

Appendix Eight: Interview Guide

Topic: Foundations of Spirituality

- What does "spirituality" mean to you?
- Tell me about your spiritual self. How does spirituality manifest in your life?
- What gives your life meaning?; Do you have a sense of purpose in your life? *(philosophic dimension)*
- Do you have a sense of mission or calling in your life? Please describe…
- Tell me about how you practice spiritually (behaviors, rituals, ceremony etc.) *(ritualistic/behavioral dimension)*
- Do you have a sense of belonging in this world? Please describe... *(relational/connectedness dimensions)*
- Tell me about your relationship with a higher power. *(relational/connectedness dimension)*
- Tell me about your relationship with others. *(relational/connectedness dimension)*
- Tell me about your relationship with nature. *(relational/connectedness dimension)*
- Tell me how you feel when you are experiencing yourself spiritually *(experiential/emotional dimensions)*
- Can you describe the beliefs you have that are most important in guiding your life? *(ideological dimension)*
- Please tell me about any writings or ideas that support your spirituality. (knowledge, scripture, doctrines) *(intellectual dimension)*
- Please describe the needs of your spirit, or your spiritual needs?

Topic: Development of Spirituality

- When did you first become aware of your spirituality?
- What things have helped you to develop spiritually?
- What were the major barriers in the development of your spirituality?
- What do you believe can raise your spirituality to an even higher level?
- What are you searching for spiritually?
- What is your image (or idea) of mature spirituality?
- Can you describe some of the spiritual learning or lessons that you have discovered?

Topic: Relationship of Spirituality to Overall Health

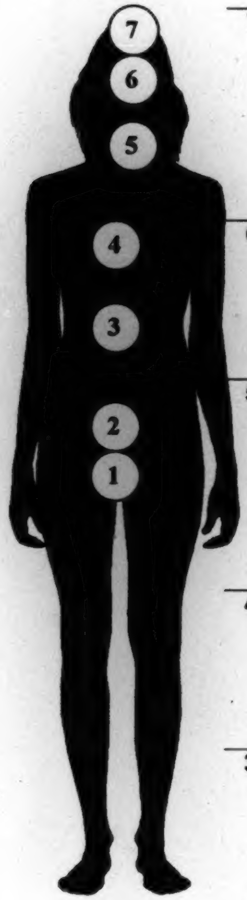
- How has/ does your spirituality affected your life?
- What relationship do you experience between your spirituality and your health?
    - *probe regarding physical health?*
    - *probe regarding social health and relationships with others?*
    - *probe regarding mental health/ emotional well-being?*
    - *probe regarding work life/ occupation?*
- How do religious or spiritual practices help you to stay healthy?
- Are there any other ways that spirituality influences your overall health?
- What comes to mind when you hear the phrase "spiritual well-being"?

- Is there anything you would like to ask me?
- Is there anything else I should have asked you?

Interview Questions were inspired and derived from various sources including: Noble (2000); Woods & Ironson (1999); Fowler (1981); Cavendish, Luise, Horne, Bauer, Medefindt, Gallo, Calveno & Kutza (2000); Hamilton & Jackson (1998); Tongprateep (2000); Genia (1991); and Ingersoll (1998).

Appendix Ten: Suggested Relationship between Physical Illness and Energetic Illness

Figure 12 (Myss, 1996; Judith, 1996; Roth, 1999; and Khalsa & Stauth, 2001)



	Organ	Mental, Emotional Issues	Physical Dysfunction
7	Muscular system, skeletal system, skin.	Ability to trust life, values, ethics, and courage, humanitarianism, selflessness, ability to see the larger pattern, faith and inspiration, spirituality and devotion.	Energetic disorders, mystical depression, chronic exhaustion that is not linked to a physical disorder, extreme sensitivities to light, sound and other environmental factors.
6	Brain, nervous system, eyes, ears, nose, pineal gland, pituitary gland	Self-evaluation, truth, intellectual abilities, feelings of adequacy, openness to the ideas of others, ability to learn from experience, and emotional intelligence.	Brain tumor/ hemorrhage/ stroke, neurological disturbances, blindness/ deafness, full spinal difficulties, learning difficulties, seizures
5	Throat, thyroid, trachea, neck vertabrae, mouth, Teeth and gums. Esophagus, parathyroid, and hypothalamus	Choice and strength or will, personal expression, following one's dream, using personal power to create, addiction, judgement and criticism, faith and knowledge, capacity to make decisions	Raspy throat, chronic sore throat, mouth ulcers, gum difficulties, TMJ, scoliosis, laryngitis, swollen glands, thyroid problems
4	Heart and circulatory system, lungs, shoulders and arms, ribs, breasts, diaphragm, thymus gland	Love and hatred, resentment and bitterness, grief and anger, self-centredness, loneliness and commitment, forgiveness and compassion, hope and trust	Congestive heart failure, heart attack, asthma, allergies, lung cancer, bronchial pneumonia, upper back, shoulder, breast cancer
3	Abdomen, stomach, upper intestine, liver, gallbladder, kidney, pancreas, adrenal glands, spleen, middle spine	Trust, fear and intimidation, self-esteem, self-confidence, and self-respect, care of oneself and others, responsibility for making decisions, sensitivity to criticism, personal honour	Arthritis, gastric or duodenal ulcers, colon, intestinal problems, pancreatitis, diabetes, indigestion, anorexia or bulimia, liver dysfunction, hepatitis, adrenal dysfunction
2	Sexual organs, large intestine, lower vertebrae, pelvis, appendix, bladder, hip area	Blame and guilt, money & sex, power and control, creativity, ethics and honor in relationships	Chronic lower back pain, sciatica, ob/gyn problems, pelvic pain, sexual potency, urinary problems
1	Physical body support, base of spine, legs, bones. Feet, rectum, immune system	Physical family and group safety & security, ability to provide for life's necessities, ability to stand up for oneself, feeling at home, social and familial law and order	Chronic lower back pain, sciatica, varicose veins, rectal tumors/ cancer, depression, immune-related disorders